m ż

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Magany	Registration Dist. No.
Village or City Caas tour	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredmo	sds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME / and alley by	<u></u>
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Minale that married	(Month) (Day) (Yeer)
5a. If merriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That i attended deceased from
(or) WIFE of John J. Albusht	22. I HEREBY CERTIFY, Thet i attended deceased from
6. DATE OF BIRTH (month, day, and year) Lee 1- 1873	I last saw half alive on 727 > 1934: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.30A m.
60 11 28 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	wera es follows:
SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER	Cosobeal Kemms kage mass
kind of work dona, as SPNNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (most hand).	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
work was done, as SILK MILL, SAW MILL, BANK, etc	
2 Spent tu fuiz	
yeer) occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town)	A / A
(State or country)	Makeles
13. NAME ada Soft	
13. NAME IS IN THE INTERPOLATION OF THE INTERPOLATI	Neme of operation
(State of country)	What test confirmed diegnosist Isn Find Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city by Town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17, INFORMANT John V. alley	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) Firsting R.F. D.	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Piece Vale summer Data How 30, 19 4	Neture of Injury
19. UNDERTAKER & Dungal	24. Was disease or injury in any way related to occupation of dacased?
(Address) / Day thing ma	If so, specify
20. FILED /28 1934 a.R. Walker	(Signed) OTH Amel A. M. D.
Registrar.	(Address) for for formal statements
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	The state of	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

DR.WILLIAMS

should state

of OCCUPA-

1. PLACE OF DEATH				(59)
County ALLEGANY		WIT	HIN CORPO	DRATE LIMITS Registration Dist. No. 4
Village or CityCUM	BERLAN	D,MD.	MEMORI	ALMHOSPITAL St.6-/ War
Length of residence in city or to	wn where death	occurred		death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?yrs
2. FULL NAME GEO				II HOURS
				BEFSLAND, MOG.
(a) Residence: No633				It nonresident give city or town and State
PERSONAL AND ST				MEDICAL CERTIFICATE OF DEATH
MALE WHIT		R DIVORCEE MARK	RIED, WIDOWED,	21. DATE OF DEATH NOVEMBER I2, 1934 (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of				22 4. I HERERY CERTIES THAT WHILE
(or) WIFE of CARRIE	B. ES	HELMAI	N BARNETT	1. 26 1932 to 1/-/2-193
6. DATE OF BIRTH (month, day, and ye	ar) JUL	Y 4.18	369	I last saw h Assertation 11- 12-, 1934, death is sai
1	lonths	Days	If LESS than	to have occurred on the data stated above, at IIOO-mP. M.
65 65	4	8	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPII SAWYER, BOOKKEEPER, etc.	NER, REPORT	RED		Most A
9. Industry or business in which		. 0	•	Charles to parter XIII
kind of work done, as SPII SAWYER, BOOKKEEPER, et 9. Industry or business in which work was done, as SILK M SAW MILL, BANK, etc	II. Ma	e se	men	5 Homewar 431
- I was occapation (month and			t in this	DialetesWellston
year) occupation				Other Contributary Causes of importance:
12. BfRTHPLACE (city or town)	PENNSY	LVANL	A	
	RNETT			
13. NAME JOSEPH BARNETT 14. BIRTHPLACE (city or town) PENNA.				Name of operation. A Date of
(Stata or country)		***		Name of operation Data of What test confirmed diagnosis? Was there an autopsy? Data of
fs. MAIDEN NAME SARAH	CORNE	LIUS		23. If death was dua to externat causes (VIOL ENCE) fill in also the following:
fs. MAIDEN NAME SARAH	ENNA.			Accident, suicide, or homicide? Data of injury, f9
(Stata or country)				Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MEMORI				Specify whather Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) CTM BERT 18. BURIAL, CREMATION, OR REMOVA		· A		W
×	121	for	14,193.4	Nature of Injury
10 HADERTANED	210		1	24. Was disease or injury in any way ralated to occupation of decaased?
19. UNDERTAKER (Address)	last	w A	med	If so, specify 1
20. FILED (200 / 3 193 5	Has	11117	7 Mine	(Signed) Wux - Williams
20, 11220	THY V	- Lagran	Registrar.	(Address) Punte land, M.
OR WITH AMS	If more blank:	are needed, ac	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mple I	i	Example II	
The principal cause of death of importance were as follows:	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 6 19	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	7 7	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10902
1. PLACE OF DEATH WITHIN CON	RPORATE LIMITS (19)
County Allegnery	Registration Dist. No. 4
Village or City confirmation (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city of town where death occurredyrsmos.	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Shomas Wilbert	Semett
(a) Residence: No. 316 Vaca (Usual place of abode)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Marke 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 700 /7 193 4
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
al-1931	I last saw h alive on 2007 1924 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 7 Pm.
6 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	Data of onset
SAWYER, BOOKKEEPER, atc	Cente males Tarlant for 11
9, Industry or business in which work was dona, as SILK MILL,	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9, Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaasad last workad at this occupation (month end year) eccupation.	Compress Brance
O O O	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town). Market and (State or country)	
13. NAME Melvin Semett	
14. BIRTHPLACE (city or town) Flintatore	Name of oparation Date of
(State of Country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME CLASSE SOMMEN 16. BIRTHPLACE (city or town) Parsons (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Whera did injury occur?
17. INFORMANT Chas & Bonner (Addrass) 3/6 Pages St Cit	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt Kleman Date 20, 1934	Manner of injury
19. UNDERTAKER G. S. Butler	24. Was diseasa or injury in any way raiated to occupation of decaasad?
20. FHED 19, 1934 Harwell Mees	if so, spacify (Signad) M. D.
Registrar.	(Address) 7. Annual Relations of Street Relations Production 71 S. No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 1031	1 100		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

/	ADDITIONAL S	PACE FOR FUR	THER STAT	EMENTS BY I	PHYSICIAN _	
tov sulte	winstim	stellang,	e date	Werth	pel berlh	est.
			. /			

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

infor-

OCCUPA

pluods

1. PLACE OF DEATH

Village or City

PHYSICIANS How long in U.S. if of foreign birth? Length of residence in city or town where death occurred statement RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) PERMANENT (Month) 5a. If married, widowed, or divorced HUSBAND of EREBY CERTIFY. Thet I attended deceased from (or) WiFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at. 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular THIS CUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which plnous work was done, as SILK MILL, SAW MILL, BANK, etc.... IO. Date deceased last worked at on 11. Totat time (years) this occupation (month and spent In this that occupation. instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13, NAME 14. BIRTHPLACE (city or town)_ plain (State or country) carefully Whet test confirmed diagnosts Was there an autopsy? MOTHER very important. 23. If death wes due to external ceuses (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?______ Date of injury_____ 19_____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. plnods 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury WRITE CAUSE Ination Nature of injury MOLL 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis	1915	Attack of epilepsy Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	1 week ago 3 days ago
	E		
Other contributory causes of importance:		Other contributory causes of importance:	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	County Clean		City Limits Registration Dist. No. 4	
	Village or City And Brue	ruch	No. M. Branch Most.	Wa
	Length of residence in city or town where death occurred	yrsmo	If death occurred in a hospital or institution, give its NAME instead of street and numbs. ds. How Jong in U.S. if of foreign birth?	oer)
2.	FULL NAME Charles	7.13	lors	
	(a) Residence: No. (Usual place of	abode)	St., Ward. If nonresident give city or town and Stat	
\$100 miles	PERSONAL AND STATISTICAL PARTIC		MEDICAL CERTIFICATE OF DEATH	
3. S	4. COLOR OR RACE S. SINGLE, MARRII OR DWORCED (21. DATE OF DEATH	11
5a.	If married, widowed, or divorced HUSBAND of		(Month) (Oey)	(Ygar)
	(or) WIFE of		22. I HEREBY CERTIFY. Thet I attended dace	ased
6. D	PATE OF BIRTH (month, day, and yeer)	-1845	I last saw h A alive on 2004 7 134 de	ath is
7. A		If LESS than	to have occurred on the date stated above, at 2 Prun.	
1	85 11 18	1 day,hrs.	And are tollows.	A = -6 -
N	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2		to of o
PATIO	SAWYER, BOOKKEEPER, etc.	.4	Comment Section 2001	9
UP.	work was done, as SILK MILL, SAW MILL, BANK, etc.	rer		
OCCO	10. Oato deceesed last worked at this occupation (month and year)	n this		
12.	BIRTHPLACE (city or town)		Other Contributory Causes of Importance:	
~	(State or country)		- Joncho Jones	ru
HER	13. NAME John Stors		· · · · · · · · · · · · · · · · ·	12
FAT	14. BYRTHPLACE (city or town) (Stata or country)		Name of operation	eu, 1
ER	15. MAIDEN NAME Zull wow	-	23. If death was due to external causes (VIQLENCE) fill in elso the following:	3,122
MOTH	16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or country)	- CUL	Where did injury occur? (Specify city or town, county and State)	
17.	INFORMANT Story Story (Address)	and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL GREMATION OR REMOVAL Data From	-9 ,19 3 ,	Menner of Injury	
19.	UNDERTAKED Rossigs Heire F	·	24. Was disease or injury in any way related to occupation of deceased?	0
	(Aldress) wheelered made	,	If so, specify	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Guestorica	May 1,1925	Gastroenterius	1 ye

B

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEU 6 15.4	e ed		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	157-0
County allegous	Registration Dist. No.
Village or City July	No. St., Ward of death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lillian Dawn B	Poyce
(a) Residence: No. 3 6 7 (Turvell (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH Nov. 18 , 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1934, 10, 2001, 18, 1934
6. DATE OF BIRTH (month, day, and year) non/17 19 3 4	I last saw h. e. r. alive on Mode 18 , 19 34; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 2 - m.
1 day,hrs.	were as follows.
9 Tendo profession os postincias	Date of onset
SAWYER, BOOKKEEPER, etc	Potent Jaramen Ovale "17/2)
SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occuration work was the saw of the	
10. Date deceased last worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) Lake (State or country)	Other Contributory Canses of Importance;
13. NAME C Las la Breed C	The state of the s
	Hypostorie menoma 1/18/34
(State or country)	Name of operation
15. MAIDEN NAME Lillion Record Smith	What test confirmed diagnosis? Was there an au'opsy? Ho 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Clylle Buresce	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sake, no.	
18. BURIAL, CREMATION, ON REMOVAL Place B Lypracy to Date May, 19, 19, 19	Manner of Injury
met of the state o	Nature of injury
19. UNDERTAKER Sarton Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED NOV. 19 19.3 + Oldersul-h	(Signed) Joberry M. D.
Registrar.	(Address) Tudmont wo

10.00

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 8 1994	July 5,1927	Peritonitis	3 days ago
	UNDEAN V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenleritis	1 year

1.	PLACE OF		HAIL (JF MF		AND	CERTIFICATI	B OF DEATH	1000
	County C	2111	oan	4	WIT	HIN COR	PORATE LIMITS	Registration Dist. No.	4
	Village or C	city	Cana	elies.	las	CH CH	No. Clean death occurred in a horpital or i	nstitution, give its NAME instead of	St., Ward
	Length of resi	dance in city	or, town whera	death occurred	d	yrsmos		S. it of foreign birth?yrs.	
2.	FULL NA	ME /	tell	Loru	13	-y			
	(a) Residen	ce: No	1919	(Usua)	place of ab	ode)	St., # Ward.	If nonresident give city o	or town and State
**********	PERSON	IAL AND	STATIST	-	1		MEDICAL	L CERTIFICATE OF D	
3. S	EX	4. COLOR	OR RACE			, WIDOWED,	21. DATE OF DEAT	Heres	-34
50	If married, widow	At or divor	ad	1	22	ger.	•••••••	(Month) (Day	Year)
Ju. 1	HUSBAND of (or) WIFE of			-	-		22. I HERE	BY CERTIFY, That	
6. D	ATE OF BIRTH	(month, day,	and yaar)	Nov	0	8-34	I last saw h aliva or	, 19, to	
7. A	GE Yea	ırs	Months	Days		If LESS than day,hrs.		statad above, a 145 Pm.	
- (0	r d	ello	eau		rmin.	were as follows:	DEATH and ralated causes of impor	Pate of onset
NO	8. Trade, profe- kind of v	work done, a	ticular s SPINNER, ER, etc	-	-		1/2 ren	TT	5
CUPATION	9. Industry or		which				12 22	of the same	was
000	10. Date daceas this occu	ed last work pation (mon	ad et th and	11. T	otal time (this			
			10	hea	occupation	on	Other Contributory Causes of	importance:	
12.	BIRTHPLACE (ci (Stata or cou		-			med			
HER	13. NAME	9h	ma	15	sy	a			
FATH	14. BIRTHPLACE		vn)	0		0	Name of operation		Date of
!-		country)	2	m	00	- Comment	What tast confirmed diagnosi	s? Wa	s thara an autopsy?
I	15. MAIDEN NA		ary -		24	esel.		at causas (VIOLENCE) fill in also ti	
MOT	16. BIRTHPLACE (State or	(city or tow country)	/n)		1/2	28	Whare did Injury occur?	e? Date of inj	
17.	NFORMANT	1	ios !	2/3	ay	Gen O		(Specify city or town, coured in INDUSTRY, In HOME, or In	nty and State) PUBLIC PLACE.
18.	BURIAL, CREMAT	JON, OR RE	MOVAL	nerca	dans.	ma	Mannar of Injury	•	
	Place A.	fac	rage. M	Dete /2	002	9 ,1034			~~~~~
19.	UNDERTAKER	100	Tho	2 /3	ver	le	24. Was disaase or Injury In a	any way related to occupation of da	caasad?
	(Address)		- Get	my he	alan	X md	If so, specify	@ @	1
20.	FILED ZOO	28.,1	34	Jassey	146	Peux	(Signed)	Jan 199	M. D
			-		•	Registrar.	(Addrass)	Comment.	9

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

|--|

statement of OCCUPA-

1. PLACE OF DEATH	F MARYLAND—	CERTIFICATE OF DEATH 1090
County allegan	W_	Registration Dist. No.
Village or City Frob	het y	ND. 17 Parks Que St. f death occurred in a horpital or institution, give its NAME instead of street and number
Length of residence in city or town where o	leath occurred 27 yrsmos	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Eurit (a) Residence: Np. / 7 Par	la Savetta (St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE Female Black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 900 2 7 193
5a. If married, widowed, or divorced		(Month) (Day) (Y
HUSBAND of (or) WIFE of	0	22. HEREBY CERTIFY, That I attended decease 5-1-34 19 to //- 27-34 19
6 DATE OF BIRTH (month, day, and year)	au 30,1907	I last saw has alive on 11-24-74 19 deat
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, et. 9.5 m.
27 5	27 l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trede, profession, or particular kind of world done, as SPINNER, SAWYER, BDDKKEEPER, etc.	House Maid	Coreinona corris
9 Industry or business in which	P-4-1	a se se
work was done, as SILK MILL. SAW MID., BANASec	n Invale Hames	returbasis
- Ill this occupation (month office	11. Total time (years) spant in this	
year)april-193	occupation 10	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	ellipsey	Other Countries of Importance.
(State or country)	md.	
13. NAME Deligitaria 14. BIRTHPLACE (city or town) 720	ito aluld)	
14. BIRTHPLACE (city or town) Too	alburg	Name of operation Date of
(State or country)		What test confirmed diegnosis? Was there an autopsy
15. MAIDEN NAME W	2 Bullock.	23. If death was due to externel causes (VIOL ENCE) fill In elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	meu-	Accident, suicide, or homicide? Dete of injury
E (State or country) — U	J. Val	Where did injury occur?, 13
17. INFORMANT Priscilla (Address) Talabla	Jones:	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL		Manner of Injury
Place allegany	Date 10-1. 30, 1934	Nature of injury
19. UNDERTAKER (Address)	Hafer:	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 28 , 19 3 4 A	R. Houken	(Signed) W. alfred Von Dem
.30	Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state: .

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
81 111 111 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		MARYLAND-	CERTIFICATE OF DEATH 109	10
1	. PLACE OF DEATH	WITHIN CORPO	PATE LIMITS (23)	1
	County Millegamy		Registration Dist. No. 7	
	Village or City Comments		death occurred in a horpital or institution, give its NAME instead of street and num	ber)
	Length of residence in city or town where death	occurredmos	ds. How long in U.S. il of foreign birth?yrsmos.	ds
2	FULL NAME J-da 3.	Glark		
	(a) Residence: No. 109 Mc	(Usual place of abode)	St., 5 Ward. If nonresident give city or town and Six	
	PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	ic
3. 5		SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 70 / 13	93.4
5e.	If married, widowed, or divorced	unge	(Month) (Dey)	(Year)
	HUSBAND of (or) WIFE of	9	22. Of HEREBY CERTIFY, That I attended dec	eased from
6. I	DATE OF BIRTH (month, day, end year)	A222 1897	l lest sew h alive on Nov. 13 ,1924;	leath is sa
7. /	AGE Years Months '	Deys If LESS then 1 day,hrs. ormin.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:	
NO	Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	lerk.		ate of onse
CCUPATION	9. Industry or business In which work wes done, es S1LK MILL, SAW MILL, BANK, etc	a O Ry.		
Ö	10. Dete deceesed lest worked at this occupetion (month and yeer)	11. Total time (years) spent in this occupation		
12.	BIRTHPLACE (city or town)	.)/	Other Coutributory Causes of Importance:	
_	(State or country)		Thous fi an	
HER	13. NAME Trapell Cl	ark.		
FAT	14. BIRTHPLACE (city or town)	2-1-	Neme of operation Dete of	
œ	15. MAIDEN NAME BAlls	1-+	Whet test confirmed diagnosis? Wes there an auto	psy? 22
HE	770000	mylin	23. If deeth was due to external causes (VIOL ENCE) fill In elso the following:	
MOM	16. BIRTHPLACE (city or town) (State or country)	v. vo.	Accident, suicide, or homicide? Date of Injury Where did injury occur?	-, 19
17.	INFORMANT ASSE 2 (1)	nk	(Specify city or town, county and Stale) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	
18.	BUDIAL, CREMATION, OR REMOVAL	11/11/2	Manner of injury	
1	alodos un tanto uno	ete	Nature of injury	
19.	UNDERTAKER Imo Stern	19 me.	24. Was diseese or injury in any way related to occupation of deceased?	
_	(Address) brombo	land in	If so, specify That I have the	
20.	FILED 13 1934 A	aruey A les	(Address) Success force ful	M. I
		Aegistrar.	" (Mulicss) Z	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

for-ate

in sa C	1. PLACE OF DEATH	ODATE LINATED (48)
occ occ	County of Clegary WITHIN COMP	Registration Dist. No.
shous of O	Village or City Simulateland, and	No. Allegany (+ state, + Ward feath occurred in a horpital or institution, five its NAME instead of street and number)
t S i	Length of residence in city or town where death occurredyrsmos	<i>—</i> // // //
CORD, Every PHYSICIANS ct statement	2. FULL NAME Mass Elizabeth	of se
ICI Enter		The state of the s
RD YS sta	(a) Residence: No. (Valabace of above)	St., Ward. The Start or town and State
ECORD PHYS Kact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
r re y. Ex:	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV. RA 1934
r L	5a. If married, widowed, or diverced	(Month) (Dey) (Year)
MANER A C T assified	HUSBAND of (or) WIFE of James R. Close	22. I HEREBY CERTIFY, That I atlended deceased from 1934 to 2000, MM 1934
CXE.	6. DATE OF BIRTH (month, day, and year) Dec 22, 1872	I last saw her aive on Nos. A. 1934; death is said
d d	7. AGE Years Months Days If LESS then	to have occurred on the data stated above, at 8:05.P.m.
IS A PE stated E properly certificate	6/ // O 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
20	Trade profession or particular	Dete of onset
HIS be be of	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	lgrandocrtic Augina Sept. 19:
ould may back	9. Industry or business in which work was done, as SILK MILL,	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total tima (years)	
E E TO	this occupation (month and spent in this year)	The utorine tumor was molignant ewith
NFADING I	(+0 31	Other Contributory Causes of Importanca:
DI So ucti	(State or country)	
FA lied ms,		Utrule tunal divistion sunknown
UNF supplien n term ee inst	II June	Delandary Unesula Dept. 19.
H sı ni Seç	14. BIRTHPLACE (city or town) for Lermany (State or country)	Name of operation Date of Date of
T is	al Din in the	What test confirmed diagnosis? Lattora for Was there an autopsy? Wo
INLY, WI be careful EATH in pimportant.	T TOTAL	23. If death was due to external causes (VIOLENCE) fift in also the following:
NLY, oe cal ATH mport	16. BIRTHPLACE (city or town) (- Lemmany)	Accident, suicide, or homicide?
EA'	5 500 (D)	Where did Injury occur? (Specify city or town, county and State)
	17. INFORMANT Mrs. Classic Harles Francisco	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA Should OF D	18. BURIAL, CREMATION, OR REMOVAL	Consideration of the state of t
E E E	Plece Exchiart Touvoite dov 25 1934	Machine of Injury
-WRIT mation CAUSI TION	1- 1 FF 0	Nature of Injury
ma CA	19. UNDERTAKER CACO De CAROLES (Address) Ary month by Standard	24. Wes disease or injury in any wey related to occupation of deceased? 190
m R	On a 2 all of the interior	if so, specify
z)	20. FILED 2002 3, 19 T Makeury M. Acc. Registrar.	(Signed) (At there of the Surface of M. D.
	Kegistrar.	(Audiess) an Elined out of the Audie Mile

Date of _. --- Was there an autopsy? Lo fift in also the following: or town, county and State) HOME, or in PUBLIC PLACE. upation of deceased?___.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
burney.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH Allegany

County_

	Residence: No.	Mt Sava	(Usual place	of abode)	St., Ward.		nt give city or town an	nd State
3. SEX	emale 4. color	or race White	5. SINGLE, MAR	RRIED, WIDOWED,	21. DATE OF DEA	Nov.	9th .1934	, 193
HUSB	ied, widowed, or divorc AND of VIFE of	ed • •			22. I HER	(Month) EBY CERTII	(Day)	(Yeer)
6. DATE O	F BIRTH (month, day, Yeers	and year) N Months	0v.5.19 Deys 6	If LESS than 1 day,hrs.	I lest saw h LQ elive to heve occurred on the de The PRINCIPAL CAUSE Of were es follows:	on Nov 7	O. Am	; death is sal
101	ade, profession, or par kind of work done, a: SAWYER, BOOKKEEP dustry or business In v work wes done, es SI SAW MILL, BANK, etc	s SPINNER, ER, etc which	• •		/5.1	ron chitis		Date of onse
0 10.00	te deceesed last work this occupation (mont yeer)	ed et h and	spe occi	ime (yeers) nt in this upation	Dther Contributory Canses	of Importance		
	PLACE (city or town) ete or country)		nevil		Wantook &	men hage	fry.	
13. NA 14. BII		Turley	England		Wilm-noxt	ed for/3 hour	attropyll	5
	RTHPLACE (city or tow (State or country)	Jean. (Neme of operation	P A	Dete of Was there en	autopsy?240
Ŧ	THPLACE (city or tow (State or country)		3.6	d	23. If deeth was due to exter Accident, suicide, or homici Where did injury occur?	ide?		
I7. INFDRN		rry Tu	rley Md		Specify whether injury occu	(Specify city of	or town, county and Sta IOME, or in PUBLIC PL	ite) LACE.
	cremation, dr rei		DeteNO	v.9th,19	Menner of Injury Nature of injury	400-0000	*****************	
19. UNDER	ANEK	o.C.Wol			24. Wes diseese or injury in		pation of deceased?	w

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
THOUGHT V. P.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	RE	
MARGIN RESERVED FOR BINDING	LY, WITH CNFADING INK-THIS IS A PERMANENT RE	e carefully supplied. AGE should be stated EXACTLY.
FOR	IS A	stated
3	HIS	pe
SEKV	NK-T	should
N KE	ING I	AGE
MAKGIL	NFAD	supplied.
	WITE	efully
4	LY,	car

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-6
County allogany	Registration Dist. No.
Village or City Had Stund	No. St. / Ward
Length of residence in city or fewh where death occurred Ars. 8 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
(L WY	
	Grant
(a) Residence: No. V Janks (Usual place of abode)	// St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
722 - 12 1995	Plast saw has alive on now 16 1934 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, and m.
119 D L l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trede, profession, or particular	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Ckronie mirocardite 1.0.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	and the second
SAW MILL, BANK, etc	0/134
10. Date deceased last worked et this occupation (month end year)	
T SIL	Other Contributory Canses of Importence:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Thank Castrain	
Thomas from	Name of according
(State or country)	What test confirmed diagnosis Cur (westhere en autopsy?)
15. MAIOEN NAME	23. If death wes due to external causes (V/DL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT Mrs Olivery	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) To there ma	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Michigan Dete for 17, 1934	Nature of Injury
19. UNDERTAKER A SUMMENT	24. Was disease or Injury In any way related to occupation of deceased?
(Address)	If so, specify
20. FILED. / 17 , 19 (1. 17. 18ulpin	(Signed) M. D.
Registrar. If more blanks are needed, address State Panistran	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
-, diameter, whereas diate Registrar,	age and Country Direct, Dattimore, Acquesting U. J. IVO. I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
•		DEC 9 DEC	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
		4 9				

A. OH	ADDITIONAL SE	ACE FOR FURTH	ER STATEMENTS	BY PHYSICIAN	

5 41 4	
	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERI mation should be carefully supplied. AGE should be stated EX CAUSE OF DEATH in plain terms, so that it may be properly cl
TAN A C A S	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A mation should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be proper TION is very important. See instructions on back of certific
BINDIN FERMAN EXAC y classific	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS mation should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be proposed to the contraction of the
OR BINDIN A PERMAN ated EXAC operly classift	N. B.—WRITE PLAINLY, WITH UNFADING INK—TH mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of
D FOR BINDIN IS IS A PERMAN e stated EXAC e properly classificate	N. B.—WRITE PLAINLY, WITH UNFADING INK- mation should be carefully supplied. AGE shot CAUSE OF DEATH in plain terms, so that it m TION is very important. See instructions on his
THIS IS A PERMANI ID be stated EXAC	N. B.—WRITE PLAINLY, WITH UNFADING I mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that TION is very important. See instructions of
SERVED FOR BINDIN NK-THIS IS A PERMAN should be stated EXAC it may be properly classift n back of certificate	N. B.—WRITE PLAINLY, WITH UNFADIN mation should be carefully supplied. CAUSE OF DEATH in plain terms, so TION is very important. See instruction
RESERVED FOR BINDIN IG INK—THIS IS A PERMANI ME should be stated EXAC that it may be properly classifus on back of certificate	N. B.—WRITE PLAINLY, WITH UNFA mation should be carefully supplie CAUSE OF DEATH in plain terms TION is very important. See insti-
IN RESERVED FOR BINDIN ADING INK—THIS IS A PERMAN d. AGE should be stated EXAC; so that it may be properly classificates on back of certificate	N. B.—WRITE PLAINLY, WITH D mation should be carefully sul CAUSE OF DEATH in plain t TION is very important. See
RGIN RESERVED FOR BINDIN NFADING INK—THIS IS A PERMAN opplied. AGE should be stated EXAC erms, so that it may be properly classifustructions on back of cortificate	N. B.—WRITE PLAINLY, WIT mation should be carefully CAUSE OF DEATH in plantant.
H UNFADING INK—THIS IS A PERMANEN Supplied. AGE should be stated EXACTL ain terms, so that it may be properly classified. See instructions on back of certificate	N. B.—WRITE PLAINLY, mation should be care CAUSE OF DEATH i
WITH UNFADING INK—THIS IS A PERMANIfully supplied. AGE should be stated EXACIN plain terms, so that it may be properly classifunt. See instructions on back of certificate	N. B.—WRITE PLAINT mation should be CAUSE OF DEAY
AGGIN RESERVED FOR BINDIN A, WITH UNFADING INK—THIS IS A PERMAN carefully supplied. AGE should be stated EXAC I'll in plain terms, so that it may be properly classifications on back of certificate	N. B.—WRITE PL./ mation should CAUSE OF I
AINLY, WITH UNFADING INK—THIS IS A PERMANI be carefully supplied. AGE should be stated EXAC DEATH in plain terms, so that it may be properly classifications on back of certificate	N. B.—WRITE mation sl CAUSE TION is
PLAINLY, WITH UNFADING INK—THIS IS A PERMANI ould be carefully supplied. AGE should be stated EXAC DE DEATH in plain terms, so that it may be properly classificate instructions on back of certificate	N. B.—WR matic
ITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANN should be carefully supplied. AGE should be stated EXAC SE OF DEATH in plain terms, so that it may be properly classificate is very important. See instructions on back of certificate	V.S. No.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANI nation should be carefully supplied. AGE should be stated EXACCAUSE OF DEATH in plain terms, so that it may be properly classification is very important. See instructions on back of certificate	ž ž T
VRITE PLAINLY, WITH ation should be carefully AUSE OF DEATH in plain to be served important.	

1. PLACE OF DEATH		93-0	
County Alega	ng	Registration Dist. No.	
Village or City / weey	France	No. St.,	War
Length of residence in city or town where deeth	occurred 7 8 vrs. 3 me	Off death occurred in a horpital or institution, give its NAME instead of street and os. How long is U.S. if of foreign birth?yrs	
(/	1 - N (The same of the sa	105
2. FULL NAME	acilli.	reex	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	1 6
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	Jointe
	SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH 50	
Il White	OR DIVORCED (write the word)	Mor. 5	. 193 4
5a. If married, widowed, or divorced HUSBAND of	0	(Month) (Day)	(Year)
(or) WIFE of		22. , I HEREBY CERTIFY, That I attended	deceased from
0.	16-1	a number of yearys to Nove 5	1934
6. DATE OF BIRTH (month, day, and yeer)	13-1856	I last saw h alive on Mary 4 , 1934	_; death is sai
7. AGE Years Month's	Deys If LESS than 1 day,hrs	to have occurred on the date steted above, at 2.2.2.4.m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	
/0	ormin.	were es follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	rone	Chrome arthritis deformans	
9. Industry or husiness in which	supotout)	- mome withsiles deformans	1930
work was dona, as SILK MILL, SAW MILL, BANK, etc			-
	11. Total time (years) spant in this		
year)	occupation	Other Coutributory Causes of importence:	-
12. BIRTHPLACE (city or town) - Planty	aud	- I minor district of minor district.	
(Stata or country)	1/	Myocardetes	1934
13. NAME Stary Cre 14. BIRTHPLACE (city or town) - Many	er		
14. BIRTHPLACE (city or town) - Phanes	Land	Neme of operation Date of	
(State of country)		Whet test confirmed diagnosis? Was there en a	utopsy?
15. MAIDEN NAME Chiza .	Walson	23. If deeth was due to external causes (VIOL ENCE) fill in also the following	: 1
15. MAIDEN NAME Eliza V. 16. BIRTHPLACE (city or town) - Mai	A	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	yeary,	Where did injury occur?	
17. INFORMANT Conductor	nth	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) 18. BURIAL, CREMATION, OR REPORT	e Orleans, mo	4	
Place II My Shows Com . De	Mov. 6 10.94	Manner of injury	
EULP P	A	Nature of Injury	
19. UNDERTAKER (A JUN)	My D	24. Wes disease or injury in any wey related to occupation of dacaased?	
(Hudiess)	muncac	If so, specify	
11. 1 20 0.0	M	(Signed) La Calaba	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
•		The state of the s	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLA	CE OF DEATH				0010
	nty alle	we		Posistration Dist. No.	14
	ge or City				W
4 1000	ge of Gity	case,	(1)	death occurred in a hospital or institution, give its NAME instead of street	
Leng	th of residence in city or town w	here death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FUL	L NAME	hun 9	force	of childfuld	
(a)	Residence : No.	(Usual piace	of shade)	St., Ward. If nonresident give city or town	and State
PE	RSONAL AND STAT			MEDICAL CERTIFICATE OF DEAT	
3. SEX	1. COLOR OR RACI		RIED, WIDOWED, O (white the ford)	21. DATE OF DEATH (Month) (Day)	, 193 4
5a. If marrie HUSBA (or) W	d, widowed, or divorced ND of	: 2A	11	(Month) (Day) 22. I HEREBY CERTIFY, That I atten	ded deceased from
	- de de	2	Viene	19 9, to 22	3 1924
6. DATE OF	BIRTH (month, day, and year) Years Montl	ns Days	If LESS than	to have occurred on the date stated above, atm.	death is sald
	61 11	20	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
z 8. No	de, profession, or particular kind of work done, as SPINNE		1	Cherry Sulvan	Date of onset
	SAWYER, BOOKKEEPER, etc	fond	action	my condel-	Contract
9. 1110	work was done, as SILK MILL. SAW MILL, BANK, etc.	Enna 1	PRCo		- Pur
10. Date	e deceased last worked at	11. Total ti	me (years) It in this	summe seguit	Jacquell
100	year)	Ocau	pation	Other Coutributory Causes of Importance:	
	ACE (city or town)	te.			
1	10	. D-0.0.	00		
1	HPLACE (city or town)	9/	1	Name of accretion	
14, 611	(State or country)	W'S	7	Name of operation	
15. MAI	DENHAMENLIA	ma	4	23. If death was due to external causes (VIOLENCE) fill in also the folio	
-	THPLACE (city or town)			Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or country)	100	400.00	Where did Injury occur?(Specify city or town, county and	S
17. INFORM/ (Add	ress) Eller D	and and	ilifeld	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	PLACE.
18. BURIAL	CREMATION ON REMOVAL			Manner of injury	
Place	P	Date No.	1934	Nature of Injury	
19. UNDERT		Slain of	nd:	24. Was disease or injury In any way related to occupation of deceased If so, specify	·
20. FILED	Tov 4, 19 0.	Llayd 2	valke	(Signed) Heller 7. Muna	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Use 4 Les	To the state of th		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. 1 N. B. of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	73-0
County allegany	Registration Dist. No.
Village or City of rostlang and	No. 28 Strock Circ., St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long In U. S. if of foreign birth? yrs mos ds
2. FULL NAME Jose of Mellvil	le Dennison
(a) Residence: No. 28 John (Usual place of abode)	St., Ward. If nouresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yéar)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Tingle Demoson.	June 1 1932, to 2007 / 2 , 1939
6. DATE OF BIRTH (month, day, and year) Jet 2, 1869	last saw alive on , 19; death is said
7. AGE Years Months Days If LESS than C	to have occurred on the date stated above, at 1:10 Pm.
65 9 10 Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Ale
Industry or business in which	Coronic Mysearailes 1932
work was done, as SILK MILL, Odd Jobs	
10. Date deceased last worked at this occupation (month and spent in this	>1
year) 7 ov 6 43 4 occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Justiliana	Ottos Courtibutory Causes of Importance.
(State or country)	acute Cardiae Sudde
14. BIRTHPLACE (city or town)	Dilatation
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Clare from Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
o 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Data of injury, 19
≥ (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Was large Demise (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Bedford County.	Mannar of Injury
Place Valor Vello, Ja. Date 15, 1934	Natura of injury
19. UNDERTAKER acol Holes	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1/14 , 1934 a.R. Halker	(Signed) (Address) Farthurke m. C.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LIENCALI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LULY	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SIAIL OF MARYLAND—	-CERTIFICATE OF DEATH
County allegany WITHIN CORP	PORATE LIMITS Registration Dist. No.
Village or City Courterland	No. 214 Please St. 6 2 Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Lama Jame Wor	thitt
(a) Residence: No. 214 Themas (Usual place of abode)	St. 6-2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowad, or divoscad HUSBAND of (or) WIFE of Learn Doutlutt	22. HEREBY CERTIFO. That Lattended treceased from
DATE OF BIRTH (month, day, end yaar) Nov. 16 1868	I last saw h alive on Work 6 ,198 Seeth Is salo
. AGE Years Months Days If LESS then	to have occurred on the date steted above, at
66 11 16 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	asterio Solerono aton
No.	(183/
10. Date decaasad lest worked at this occupation (month and year)	
year)	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	The first that
	- Cerebral remoney ver
13. NAME Tolue & Bronse 14. BIRTHPLACE (city or town)	
(Stata or country)	Name of operation Data of Data of
	What test confirmed diagnosis? Was there an autopsy? U.
// 4000	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
ha lo di di	Whare did Injury occur? (Specify city or town, county and State)
7. INFDRMANT (Addrass) PAN O	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION OR REMOVAL	Mannar of injury 200
Place YT Ushley The Mar, 18, 19.3.	
9. UNDERTAKER Douis Allew Aug. (Address) Company of the Strand of the St	24. Was disaase or injury In any way releted to occupation of dacaased?
0. FILED 200 12, 1934 (Harriey HOlicis Registrat.	(Signed) Madewers M. (Addrass) 133 Va and
	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

10018

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SUNDER V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

mation

B

V. S. No. 1

LION

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

should be called a salesman and not a clerk.

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
18 2			
Other contributory causes of importance:	Pa.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

B.-WRITE PLAINLY,

of OCCUPA-

Exact statement

STATE OF MADVIAND_CEDTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	92-00	,
County Williams	REPORATE LIMITS Registration Dist. No.	4
Village or City Communication (If	No. 7/0 Stand St. 6-death occurred in a hospital or institution, give its NAME instead of street and num	2 Ward
Length of residence in city or town where death occurred 3 yrsmos.		
2. FULL NAME Slorge W. Lager	Maken	
(a) Residence: No. 7/0 Brand (Usual place of abode)	CSt, 6-2 Ward. If nonresident give city or town and Ste	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH // - 2/-	93 4
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of Cora Prokers	22. I HEREBY CERTIFY, That I attended dec	ceased from
6. DATE OF BIRTH (month, day, and year) Smm 21, 1878	i last saw h	death is said
7. AGE Years Months Days If LESS than I day.	to have occurred on the date steted above, at	
36 7 - 1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER. Showship SAWYER, BDOKKEEPER, etc	Change Edward H	1/10
9 Industry or business in which	April or amineman	MICH
work was done, as SILK MILL, SAW MILL, BANK, etc	/	9-1-
ID. Date deceased last worked at this occupation (month and spent in this occupation occupation		
12. BIRTHPLACE (city or town) QA X	Dther Contributory Causes of Importance:	
(State or country)		
13. NAME Im. tazentaker	<i>A</i> -,	
13. NAME Am. tagentalm	Name of operation	
(State of country)	What test confirmed diagnosis They 24 A was there an auto	opsy?
15. MAIDEN NAME Lysteth Johnson 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) Ingland (State or country)	Accident, suicide, or homicide? Date of injury	, 19
Country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT AS OF TAGENTALINE - (Address) 210 Sanah Ase	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVALY	Manner of injury	
Place Date Date Date Date 195 4	Nature of Injury	
19. UNDERTAKER Lossos Stein Ine.	24. Wes disease or injury in any way related to occupation of deceased?	00,
(Address) hmforland.	if so, specify	
20. FILE D. 2.2, 1994 Valley /7 (Tella) Registrat.	(Address) Auguster	mi

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

should be called a salesman and not a clerk.

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDDAL V.	5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
DESCRIPTION OF THE PROPERTY OF			

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA.

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19922
1. PLACE OF DEATH	207,m
County allegary WITHIN CORPO	RATE LIMITE
	Registration Dist, No.
Village or City Contents (16	No. Melly My Attacks, St., 4 Ward death occurred in a horpital or institution average its NAME instead of street and number)
	ds. How long in U.S. if of Toreign birth?
E1 8 11+1,	
2. FULL NAME Copy G. Fullence	
(a) Residence: No. 16 OVI star	St., 5 Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3.SEX 4. COLOR OR RACE 5. SINGLE/MARRIED, WIDOWED.	
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
note White single	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
0 19 10 1	I last saw h was alive on ONV. 13 1934 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at &m.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
// // 3 ormin.	were as follows: Date of onset
Trade, profession, or particular kind of work done, as SPINNER, Authorial SAWYER, BOOKKEPER, etc.	- J. J. J. J. J.
F O	Justing Maddly
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased lest worked at this occupation (month and spent in this	Charlies Humberguy
10. Date deceased lest worked at 11. Total time (years)	Deschiel Wy Bolaya
this occupation (month and 1/9/34 spant in this occupation	Bactul Apptifua
D I I A	Other Contributory Canada of Importance: Historia
12. BIRTHPLACE (city or town) Definition	4,1
(State or country)	Namollegge !
13. NAME Charles + letaber	Klisch
14. BIRTHPLACE (city or town) Bradford Co	Name of operation
(State or country)	What test confirmed diagnosis (Was there an autopsy 2000)
15. MAIDEN NAME ama 9 meo.	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, swieide, or homicide? Date of Triur Par. 9. 1974
(Stete or country)	Where did Injury occur? Classes Canta mo
11 - 41, 11	Specify Aty or town, county and State) Specify whether injury occurred in NDUSTRY In HOME, or in PHBLIC PLACE.
17. INFORMANT (Address)	specify whether intury occurred intribusing in nome, or a property take.
18. BURIAL, GREMATION, OR REMOVAL	Callingar Anna Dal Varuelik
Placementalle Par. Dete how 16 1934	Manner of injuky occurrence of Many Vag Co 9144 Comment
	Nature of injury
19. UNDERTAKER Kring Stern Inc	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Comberful.	If so, specify
20, FILEO DAN 15 19, 94 Harried A Mers	(Signed) M. D.
Registrar.	(Address) Cullelleland Mill)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
1921	Run over by street car	1 week ago		
July 5, 1927	Perilonitis	3 days ago		
1 1				
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
-------	----	-------	------	--------	-------	----	-------

1	6	0	13	2
1	U	J	~	3

1. PLACE (H ALLEGAI		THIN CORF	ORATE	LIMITS (191)	Desistration Di	- N-	¥.
Village or	City	CUMBI	ERLAND		death occurred	MEMORIAL in a hospital or institut How long in U.S. if of	ion, give its NAME i	St., E	
2. FULL N		EDGAR			st. <i>3</i>		ITY		
75700		:	(Usual place					ve city or town and	State
3. SEX	_	OR RACE	CAL PARTI		21 DATE	E OF DEATH	ERTIFICATE	OF DEATH	
MALE	WE	HITE		(write the word)	ZI. DATE		ber 5,	(Day)	_, 1934 (Year)
5e. If marriad, wide HUSBANO of (or) WIFE of	wed, or divorc		MILLER		22. Of	HEREBY	CERTIFY	Thet I attended	deceased from
6. DATE OF BIRTH	(month, day,	and yaar) Fe	bruary	10, 1855		uiu alive on	Mar. V	, 192 4	; death is said
7. AGE	79	9	Days 25	If LESS than I day,hrs. ormin.	The PRINCI were as foll				Oata of onsat
SAWYE	work dona, a: R, BOOKKEEP businass in	s SPINNER, ER, etc which	DECORAT	OR	Or	garis de	of Die		1920
10. Date dacas	as dona, es SI ILL, BANK, etc sad last work upation (mont	ed at	11. Total ti	ma (yeers) t in this pation	-				
12. BIRTHPLACE ((State or co		MARYL	AND		Other Contr	ibutory Causes of Impo	rtance:	nefhrif:	10
□ 13. NAME		Y FLUR	Y		70	garag N			7
H 14. BIRTHPLAC	CE (city or tow or country)	PENN:	SYLVANIA	1		aration		Date of	
15. MAIDEN N	AME TH	ERESA 1	HOOVER			onfirmed diagnosis? was due to external cau			
6 16. BIRTHPLAC	CE (city or tow or country)	n)	Pas. V		Accidant, su	iclde, or homiclde?	Da	ite of injury	- , 19
17. INFORMANT (Address)		RIAL HOS	SPITAL	YLA ND	Specify whe	njury occur?thar injury occurred in	(Specify city or to INDUSTRY, In HOM	wn, county and Sta E, or in PUBLIC PL	le) .ACE,
18. BURIAL, CREMA	TION, OR THE	Kes Bune	2 Date May	V8,1934	li .	njury			
19. UNOERTAKER	do	erlan	Hein Cl	q.	24. Wes disea	ase or injury in any wa			
20. FILED 200	J 7, 19	34 8	Paruly It	Registrar.		(Addrass)	Jem by	y fund	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Dr. Koon

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	WITHIN CORPOR	ATE LIMITE 93-2	
County allegar	ry.	Registration Dist. No.	5
Village or City Cumh	7,	No. 230 Bolling Arc. St., death occurred in a hospital or institution, give its NAME instead of street and	
Langth of residence in city or town wh	ere daath occurred Smos	ds. How long in U.S. if of foreign birth?yrs	nosds
2. FULL NAME M. K.	v. Franklin)	
(a) Residence: No. 310 ((Usual place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATE	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
nale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
ie. If married, widowed, or divorced HUSBAND of (or) WIFE of Roth Fa	whehmser.	22. Nov 1 19 19 10 That I alkandon	
DATE OF BIRTH (month, day, and year)	march 27 1880	I last saw h aliva on	; death is said
54 7	1 day,hrs.	to heve occurred on the dete stated above, at	Oats of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Physisia)	Thronic muo cardites	10211
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	In Surgen).	with decompendation	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)(State or country)	iston Ind.	Other Contributory Causes of importance:	
13. NAME Benjama 14. BIRTHPLACE (city or town)	J. Franklin		
14. BIRTHPLACE (city or town)		Name of operation Date of _	
(State or country)	and.	What tast confirmed diagnosis? Was there an	autopsy?
15. MAIOEN NAME Agnes 16. BIRTHPLACE (city of town)	Shneen	23. If daath was due to external causes (VIOL ENCE) fill In also the following	
16. BIRTHPLACE (city or town)	0,0	Accident, suicida, or homicide? Date of injury	, 19
[7. INFORMANT Blugain	ma. Franklin	Where did injury occur?(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
(Address) 3/0 effa	shington 82		
18. BURIAL, CREMATION OR BEMOVAL	Campate how 27 1934	Manner of injury	
19. UNOERTAKER Anno St. (Address)	in Ine.	24. Was diseasa or injury in any way ralated to occupation of daceased?	
m. 100 011	Min	(Signad) (W. Crevaske	e MI
20. FILEW. (2.1) 20, 1924. C.	Registrar.	(Address) Cumberland m	d

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
GURFAUVS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	925
of OCCUP.	County All 9 May Village or City And (If	Registration Dist. No. No. Life St., death occurred in a hyspital or institution, give its NAME instead of street and nu ds. How long in U.S. if of foreign birting yes, mos	
ct statement	2. FULL NAME Character Senger (a) Residence: No. Leiply (Usual place of abode)	St., Ward. If nonresident give city or town and S	
act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
d. Exact	Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193/ (Yaar)
classified.	5a. If married, widowed, or divorcad HUSBAND or (or) WIFE of	22. HEREBY CERTIFY, That I attended do	oceased from
c. c.	6. DATE OF BIRTH (month, day, and year) May 23-1917		death is said
properly certificate.	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 M. m.	
ope tifi	/7 /7 /7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	8. Trade profession or particular	ware as follows:	Date of enset
of of	kind of work done, as SPINNER, Juffile SAWYER, BODKKEEPER, etc	lood loca	11-9-31
may	Fedustry or business in which		/
ord .	work was done, es SILK MILL, Colored Cark		
	10. Date deceased last worked at this occupation (month and spent in this		
that ons	year) occupation occupation	Dther Captributory Causes of Importance:	110-2
so t ctio	12. BIRTHPLACE (city or town) MC Yull	Direk	11-1-2)
	(State or country) . W.V.A.		
terms,	13. NAME John W. Genge		
رم تب	13. NAME John W Geage 14. BIRTYPLACE (cily or town) Eglon	Name of operation Acom Deta of	
plain t	(State or country)	What test confirmed diagnosis? Olympia Was there apau	hardes
it.	# 15. MAIDEN NAME Flossic Smith	23. if death was due to external causes (VIOLENCE) fill in also the following:	/
EATH IN I	E SE DIDTURI ACT (illustrus) Old Lield	Accident, suicide, or homicides	10
very import	16. BIRTHPLACE (city or lown) Claffeld (State or country)	Where did injury occurs Court Share	, 13
im	() 141 Gen. 00	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE)
very	17, INFORMANT CAMPACT STATES	Specify whether injury occurred in INDUSTRIC III HOME, OF IN PUBLIC PLACE	JE.
Ve	18. BURIAL, CREMATION, OR, REMOVAL	Manuallaine Marking a Rada a Ca	est y
· · ·	Piace Mt Nerman Date Mov 12, 1934	Manner of Injury Mountage Colored	
TION is	8 1 12 .71.	Nature of Injury	4
TIC	19. UNDERTAKER	24. Was disease or injury In any way related to occupation of deceasad?	~
-	(Address) (muland Mg)	If so, specify	
1	20. FILED Car 12, 1834 Journey Il Mer	(Signed)	M. D.
	Registrar.	(Address) - And Anna	¢
	If more blanks are needed, address State Registrar.	241 N Charles Street Rallimore Renderting TI S No .	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	2 0.00	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Marine and a			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

TION is very important.

item of infor-

of OCCUPA-

Village or City No. (If death occurred in a hospital or institution, give its NAME instead of s	
Of death occurred in a hospital or institution, eight in NAME in 1.1.	St. Ward
(In death occurred in a northern in the state as 14 Alvie, instead of a	treet and number)
Length of residence in city or town where death occurred	ds.
2. FULL NAME Gray	
(a) Residence: No. St. Ward.	
(Usual place of abode) St., Ward.	town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DE	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day)	, 193 4
5a. If married, widowed, or divorced	(Year)
(or) WIFE of 22. I HEREBY CERTIFY, That I	
nor./3 19.34 to hm./3	19.34
	, 19 <u>34</u> ; death is said
7. AGE Years Months Days If LESS then to have occurred on the date stated above, at 1212 m.	
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importa	
& Trade profession or particular	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occuration (work) and this occuration (work) and	
9. Industry or business in which work was done as SII K MIII	
work was done, as SILK MILL, SAW MILL, BANK, etc	
- I start occupation (month and Spaint in this	
year) Occupation Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Ballisman - Mark	
(State or country)	
13. NAME Ronald Gray	
13. NAME Ronald Gray 14. BIRTHPLACE (city or town) many factor Name of operation	
(State or country) What test confirmed diagnosis? Was	
15. MAIDEN NAME Unaula Vales 23 16 death was due to external excess (VIO) FNOTO SILL - Labor	
25. Il deeth was due to externer causes (VIOL ENGE) fill in also the	
16. BIRTHPLACE (city or town) Date of injury (Stete or country)	y, 19
(Specify city or town country)	y and State)
17. INFORMANT Specify whether Injury occurred in INDUSTRY, in HOME, or In Pu	IBLIC PLACE.
(Address) Maland C Maland C Manager (Address)	
Manner or injury	
PlaceDete, 19 Nature of Injury	
19. UNDERTAKER	ased?
(Address) If so, specify	
20. FILED Dec 3, 1934 P. Stake (Signed) M. M. Wirmell (Address) Midland my	QM. D
If more blanks are eeeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

m ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	1 week ago 3 days ago
	1//		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10928
1. PLACE OF DEATH	<u> </u>
County Allegany WITHIN CORPO	ORATE LIMITS Registration Dist. No.
Village or City Ohlesland	Nottlegung Asspitalst 4 Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?rs,mosds.
2. FULL NAME Attilland Ofarne	4
(a) Residence: No. 402 Mell Sty	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 200 14, 1934	i last saw h aliva on had 14 , 1994; daath is sale
7. AGE Years Months Days If LESS than	to have occurred on the data steted above, at 0, 25 Pm.
n stillbeen or nin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:
8. Trade profession or perticular	Date of onset
SAWYER, BOOKKEEPER, etc.	fremline bufnot
Work was done, as SILK MILL, SAW MILL, BANK, etc.	Trecos
0 10. Date deceasad last worked at 11. Total time (years)	0,777
this occupation (month and spent in this year) occupation	o au
12. BIRTHPLACE (city or town) Cumberland Md.	Other Contributory Causes of importance:
(State or country) allegany	anasifhalu Minister
13. NAME Oonald Karvey.	Kh d
13. NAME Conald Name	Name of operation
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Case Stace Khillians	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME One Drace Millians 16. BIRTHPLACE (city or town) James A. D. Vas.	Accidant, suicida, or homicide?
S (State or country)	Whara did injury occur?(Specify city or town, county and State)
17. INFORMANT A Carrey and made	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Villendet Date Date 15, 1934	Nature of injury
19, UNDERTAKER & Butley	24. Wes disease or injury in any way related to occupation of dacaesed?
(Addrass) Conherland, Ind	If so, spacify
20, FILED LANGE 1034 January A Com	(Signed) Till Messessen, M. C.
Registrar	(Address) If I have So / Carelaland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

from 24

M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------------	-----	---------	------------	----	-----------

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA.

N. B.

STATE OF MARYLAND—	Side of DEATH 10909
County allegany City	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution have its NAME instead of street and number) ds. How long in U.S. il of loreign birth?
2. FULL NAME etta B. Hause (a) Residence: No. Backling The	ust, Ward, Carleeland Ind
(Usual play of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (water the word) 5a. If married, widowad, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. Of I HEREBY CERTIFY, That I atlanded dacased from
6. DATE OF BIRTH (month, day, and year 1865 7. AGE Years Months Days If LESS than 1 day	I last saw h aliva on Nov. 4, 193 ; death is said to have occurred on the data stated above, at 42 m.
8. Trada profession or particular	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceasad last worked at this occupation of month and the second in this company of the second in	fallaring Carolina 200.2
SAW MILL, BANK, etc. 10. Data daceasad last worked at this occupation (month and year) 11. Total tima (years) spant in this occupation	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or county)	Offere clerons
13. NAME 14. BIRTHPLACE (city or town)	
Cotata of country)	Name of operation
15. MAIDEN NAME (Checca Browning 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMAM - Elizabeth Robinstle (Addrass)	23. If death was due to extarnal causes (VIOLENCE) fill In also the following: Accidant, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place New Hill Come Date Nov 8 - , 1934	Manner of Injury
19. UNDERTAKER Torris Stein Free (Address) Europe Land, Med. 20. FINED 20 7, 1834 Warney Holices. Registrat.	24. Was disease or injury In any way related to occupation of deceased? if so, specify (Signad) (Address) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10930
1. PLACE OF DEATH	(201-0)
County allegany	Registration Dist. No.
Village or City And Widol	hyper St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME 6 devand tenhe	ng -
(a) Residence: No. 92 W. Main (Usual place of abode)	St., Ward SUMS 52 Mars rule If nymesident give city or yown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male And Market M	21. DATE OF DEATH 16 , 193 4
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That i attended deceased from
way francis	
6. DATE OF BIRTH (month, day, end year) april 11 - 1878	i last saw h
7. AGE Years Months Days if LESS than I day,hrs.	to have occurred on the date stated above, at
0 c ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8 Trada, profession, or particular kind of work done, as SPINNER,	mine alledant. Justa
kind of work done, as SPINNER, Mensylvania SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation (month and this occupation (month and this occupation).	under fallen sock man
work was done, as SILK MILL, SAW MILL, BANK, etc.	dood when frot exominant.
10. Date deceased last worked at 11. Total time (years)	Course death was crushing
this occupation (month and) or 1634 spent In this 30 than occupation 30 than	Injune Interes to dry
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Hales	
II 13. NAME Philip to he	
13. NAME 14. BIRTHPLACE (city or town)	Name of a section
(State or country)	Name of operation Oate of Oate
IS. MAIDEN NAME AND NO.	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
Stete or country)	Accident, suicide, or homicide?
Um 4 1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury mine accelent:
Place Fronthe Oate Mar 19, 1934	Nature of injury Crushing confused on a highest
4 41 11. R	
19. UNOERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
11/19 34 00 800 16.	(Signed) We alked Va Orma M.D.
20. FILEO 1999 GITT 1 Registrar,	M. 141 01
-	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RIPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ECORD. Every item of infor-

should state

PHYSICIANS

act statement of OCCUPA-

	L R	Y.	É	
ייייייין	MANENT	ACTL	assified.	
PIL	PER	EX	rly cl	ate.
FOR	IS A	state	prope	ertific
3	HIS	pe	pe	of
EKVI	IX-TI	pinous	it may	n back
大田の	NG II	AGE	that	o suoi
MESERVED FOR BINDING	UNFADI	upplied.	terms, so	e instruct
AT	WITH	efully s	in plain	ant. Se
	PLAINLY,	uld be car	F DEATH	ery import
1,001	B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R.	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex	TION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF	DEATH LULIGH	ins	WITHIN CO.	PORATE LIMITS 107-0 Registration Dist. No.	4
Village or Cit	y Curry town where	death occurred	1 1	No. No. St., f death occurred in a horpital or institution, give its NAME instead of street and rest. As. How long in U.S. if of foreign birth?	
2. FULL NAM (a) Residence	1E (Deal)	lice Usual place	John a	Ward. If nonresident give city or town and	State
PERSONA	L AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemale	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Dey)	, 193 44 (Year)
5a. If merried, widowed	, or divorced		7	(month)	(7001)
HUSBAND of (or) WIFE of	6-	-		22. I HEREBY CERTIFY, That I attended	deceased from
	- //	1-410-	1023	I lest saw here elive on two 20 193 U	, 19
6. DATE OF BIRTH (m 7. AGE Yeers		Deys	If LESS then	to heve occurred on the date steted above, at 5.45 P.m.	; deeth is sale
/	/	10	1 day,hrs.		Date of onset
SAWYER, E	rk done, as SPINNER, BDOKKEEPER, etc				Mina.
9, Industry or be	one, as SILK MILL.	_	-	plete Mondie	14
10. Date deceased	BANK, etc	11. Total	time (yeers)	Quemous	~
this occupe yeer)	or town)	bula	ent in this cupetion	Other Contributory Causes of importance: fusion's Quisa	2
(State or count	S. Do	huso	ud_	Broncho-proumonial developed suddenly	
13. NAME 14. BIRTHPLAGE	city or town / Los	cir IV.	aven	Name of operation Dete of	1
(State or c			Pa	What test confirmed diegnosis? 2-12-1/2- Wes there en e	eutopsy?
15. MAIDEN NAM	annie	Whi	ti	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following	:
15. MAIDEN NAM 16. BIRTHPLACE ((Stete or c		nesvi	lle	Accident, suicide, or homicide? Dete of Injury Where did injury occur?	
17. INFORMANT	S. John	uson	ne Cit	(Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	
18. BURIAL, CREMATI	ON, OR BEMOVAL	7 Date Mrs	123,1034	Menner of Injury	
19. UNDERTAKER (Address)	1. 18)	utter	md	24. Was disease or injury in eny wey related to occupetion of deceased?	
20. FILEDEAUS	23,1934	Jarney ?	Merco Registrar.	(Signed) (Address) Quantulary 1	uy M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
I but			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Ä

1. PLACE OF DEATH	94.6
County allea any	Registration Dist. No.
Village or City Windlothian w	No. St Wass
Length of residence in city or town where death occurred 5 9 yrs	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Charles Jones	sds. now long in U.S. If of foreign birth?yrsmosds
(a) Residence: No. Midlottian Ind.	0
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabeth Jones	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) Hov 26, 1875	I last saw harmeliva on 24 20 1934; death is said
AGE Yaars Months Deys If LESS than	to have occurred on the date stated above, at 4130 Am.
59 6 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Osonary Kromposies Pate of onest
9 Industry or business in which work wes done, as SILK MILL, Page 0	
SAW MILL, BANK, atc. 10. Date decessed last worked at this occupation (month and year) year) 11. Totel time (years) spant in this occupation. #8.444	
0 9 10	Othar Contributory Causes of importence:
2. BIRTHPLACE (city or town) (Stete or country)	716-12
13. NAME John Jones /	
	nol
(Stete or country)	What test confirmed diegnosis Control Was there an autonomy by
15. MAIDEN NAME Margaret Williams	The state of the s
16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
(State or country) wales.	Where did injury occur?, 13
7. INFORMANT My Chast Jones (Address) Middle Lange Jud.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place This Comp Dete 107 29, 1934	Natura of Injury
9. UNDERTAKER acob Haler. (Address), Fronthurd year.	24. Wes disease or injury in eny wey related to occupation of deceased?
20. FILED 1/28, 1934 A. ROSTOLKI. Registrar.	(Signed) M. D. M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis S days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF BEATT
County alloanies	Registration Dist. No.
Village or City Colonial Storage	No. St., 3 Ward f death occurred in a pospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred	
(a) Residence: No. (Usual place of abody)	St. 6 / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE • S. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word)	21. DATE OF DEATH //- 3 - ,193 - (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
15 -1	1939, to 7 3 - 1934
6. DATE OF BIRTH (month, day, end year)	I last saw h A aliva on 10 1957 4, death is said
7. AGE Years Months Days If LESS then 1 day,hrs.	to have occurred on the deta stated abova, at
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9.Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	arterio Sclerosio. Cen
10. Date deceased last worked at this occupation (month end yeer) 11. Total time (yeers) spent in this occupation	from
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME Shunche Weaver	
13. NAME Humake. Weaver 14. BIRTHPLACE (city or town).	Name of operation Pton e /Date of
(State or country)	What test confirmed diagnosis? Plan Flacks there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (FIDLENCE) fill In elso tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
X (State or coultry)	Where did Injury occur?
17. INFORMANT M. D. Forces (Address) Combulered Mo	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / Tose / telo / Cerepole / 6 , 1932 4	Neture of Injury
19. UNDERTAKER Journ Stew And	24. Was disease or injury of any way related to occupation of deceased?
2 1 21 41 11	(Signed) M. D. Millian M. D.
20, FILEO D. , 195 Mulley Registrar.	(Addrass) Luchaland Ill

V. S. No. 1

IS A PERMANENT RECORD. Every item of infor-

PHYSICIANS should state

stated EXACTLY. properly classified. E

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY, WITH

B.

RGIN RESERVED FOR BINDING

NFADING INK-THIS

AGE should be

of OCCUPA.

Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical cugineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.- of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH	624
1. PLACE OF DEATH WITHIN CORPORATE LIMITS	204
County ALLEGANY Registration Dist. No.	<u>/</u>
Village or City CUMBERLAND No. MEMORIAL HOSPITAL St.	/_Ward
(If death occurred in a horpital or institution, give its NAME instead of street and in Length of residence in city or town where death occurredyrsmos	
2. FULL NAME DELMAR JUDY	
(a) Residence: No. ROUGH RUN, W.V.A. St., Ward.	
(Usual place of abode) If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE Models Models Models	. 193
5a. If married, widowed, or divorced HUSBAND of	(1001)
(or) WIFE of	deceased from
6. DATE OF BIRTH (month, day, and year) FEBRUARY 29 /9// I last saw he alive on 1 18 1934	death is seld
7. AGE Years Months Days If LESS than to heve occurred on the date stated above, at 12-Months	, 464(11 13 3614
23 I day,hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:	
1 & Trade profession or particular CRTPPTR	Data of onset
8. Trade, profession, or particular CRIPPLE kind of work done, as SPINNER, UNABLE TO WORK SAWYER, BOOKKEEPER, etc. UNABLE TO WORK	Bulken
9, Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, UNABLE TO WORK SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this spent in this securation (month and spent in this securation (month and spent in this spent in th	
year) occupetion	
12. BIRTHPLACE (city or town) WEST VIRGINIA Other Contributory Causes of importance:	
(State or country)	Chan
13. NAME OSCAR JUDY	
13. NAME OSCAR JUDY 14. BIRTHPLACE (city or town) WEST VIRGINIA Name of operation Culture Culture Culture Was there and a state of the confirmed diagnosis? What test confirmed diagnosis? Was there are a state of the confirmed diagnosis?	11-15-34
16. BIRTHPLACE (city or town) WEST VIRGINIA Accident, suicide, or homicide? Date of injury	
(State or country) Where did injury occur? (Specify city or town, county and State)	.)
17. INFORMANT MEMORIAL HOSPITAL Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL. (Address) CUMBERLAND? MD.	iće.
18. BURFAL, CREMATION, OR REMOVAL OF The State of Injury Manner of Injury	
Place Mature of Injury Nature of Injury	
19. UNDERTAKER JACKSON 24. Was disease on injury in any way related to occupation of deceased?	no
(Address) Teteralize (ella, If so, specify)	
20. FKED 20 / 9, 19 6 4 Markey / There (Signed) (Address) (Address)	270

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
M(Dr.co) v			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	WI	careful
	LY,	
	PLAINLY,	he
	PLA	ould
	LE	Sh
-	BWRITE	mation should be
V. S. No. 1	B.—	-
>	ż	

County Allenan	. WITHIN COR	PORATE LIMITS Registration Dist. No.	4
Village or City Comment	sland.	No. 415 destates f death occurred in a hospital or institution, give its NAME instead of st	St., Warreet and number)
Length of residence in city or town where d	eeth occurred 55 yrsmos	ds. How long in U.S. if of foreign birth?yrs	mos
2. FULL NAME Kather	ryn Kelle	V.	
(a) Residence: No. 4 15 9	(Usual place of abode)	St., 2 Ward. If nonresident give city or t	own and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ON 18	, 193
. If married, widowed or divorced HUSBAND of	- monthly	(Month) (Dey)	(Yedr)
(or) WIFE of Comma Gr.	ung.	1 HEREBY CERTIFY, Thet I	ettended deceesed fr
DATE OF BIRTH (month, day, and yeer)	les 15 1874	I lest saw h. M. eliva on 11-18.	19. 7. deeth is
AGE Years Months	Days If LESS than	to have occurred on the date steted ebove, at 1. 1m.	
59 11	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importa	nce Oate of on
8. Trada, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Ahring Olirb.	Curshosis of Lives	193
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Branery.		
10. Data deceased last worked at this occupation (month and yaer)	11. Total time (years) spend in this occupetion		
	0	Other Coutributory Causes of importence:	,,,,,
S. BIRTHPLACE (city or town)	And.	winonary enema	//-/6
13. NAME Irland &	K. Plen		
	On V	Nama of operation LOOM	Date of
14. BIRTHPLACE (city or town)	W. Fal.	01.0	here an autopsy
15. MAIDEN NAME	mathing	23. If deeth was dua to external ceuses (VIOL ENCE) fill in elso the	
16. BIRTHPLACE (city or town)	Or DC	Accident, suicide, or homicide?	8
(Stata or country)	yr. Vo.	Where did injury occur?	,, 10
INFORMANT Mas Emma (Address) 4,5 %	Jy Keller	(Specify city or town, county Specify whether injury occurred in INDUSTRY, In HOME, or in PU	v and State) IBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	na sr.	Manner of injury	
Plece Prose Hill Cem	Dete 20 1934	Neture of Injury	
9. 14.	19	24. Was disease or injury in any Way related to occupation of dece	ased? (CO)
(Address)	Jose .	If so, specify	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
27.00.100000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WY DAY YOU A B	į.		
Other contributory causes of importance:	sond	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10938
County County WITHIN COR	PORATE LIMITS (23) Registration Dist. No. 4
Village or City whbul has	No. Manual Mark Sandlanumst., Ware death occurred in thorpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Mary tern Tes	ns .
(a) Residence: No. 320/ Beale (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frek Terms	22. HEREBY CERTIFY, That I attended deceased fro
(or) WIFE of SPEK STEWNS	8-17-1934,10 11-8-193
DATE OF BIRTH (month, day, and year) am 19 1896	I last saw h_W elive on
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House duty SAWYER, BOOKKEEPER, etc.	0
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Ulmousy Inbreulos
10. Date deceased last worked at this occupation (month end year)	the
12. BIRTHPLACE (city or town) Fart Hill (State or country)	Other Contributory Causes of Importance:
13. NAME Grant Cochrane	A .
14. BIRTHPLACE (city or town)	Name of operation Date of Date of What test confirmed diagnosis?
15. MAIOEN NAME Mary miller	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Jud News (Address) 520. Bease Cx lets.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place self ang h Ca Date 2001 0, 1933	Manner of injury
19. UNDERTAKER & Suttler Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED DO 10, 193 4 Harrey NO News. Registrar.	(Signed) (Address) (Addres

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10937
1. PLACE OF DEATH WITHIN CORPORA	
County allegany WITHIN CORPORA-	Registration Dist. No.
Village or City Canadand	No. J. Tantay St., 3 Ward death occurred in a horpital or instruction give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME SETTING	en
(a) Residence: No. 2/1 7 airford (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Testal 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Art 19 1934	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on tha date stated abova, atm.
of like or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade profession or particular	Date of onset
SAWYER, BDDKKEEPER, etc.	Still ham
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date daceasad last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Combaland	Other Contributory Causes of importanca:
(State or country)	To semia of mother
13. NAME James & Kerr	
13. NAME James & Janes	Nama of operation
(Stata or country)	What test confirmed diagnosis? Was thore an au'opsy?
15. MAIDEN NAME Will Tuning 16. BIRTHPLACE (city or town) - Fund	23. If death was due to external causes (VIDLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Jan	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did Injury occur?
17. INFORMANT Caracter G. Caracter G. Address Caracter G. Address A. M. d.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place pully Company Date 1997	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceesed?
20. FILED 20019, 1934 Hurry Allena. Registrar.	(Signed) Comments M.D. (Address) Comments Market M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	ab opposed	Example II	
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PEGENVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	2 1 4 - 7 L			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		···		

V. S. No. 1

should state of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH 10938
1. PLACE OF DEATH	93.0
County Millemann WITHIN COF	RPORATE LIMITS Registration Dist. No. 44
Village or City Com terland	11 Jan 1 Toll - 1 11 1
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Harm Kinht	
(a) Residence: No. 2230 Page (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 3, 193 14
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Anna Hang	22. I HEREBY CERTIFY. That I attended deceased from Oct. 1, 194 to 100, 3 1954
6. DATE OF BIRTH (month, day, and yeer) Aged 1873	I last saw his alive on Nov. 2, 1934 death is said
7. AGE Years Months / Days If LESS than	to have occurred on the date stated above, at 3 40 Am.
61 / 5 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	A O Design
SAWYER, BDOKKEEPER, etc. 9. Industry or business in which	Corovary / Courses
work was done, as SILK MILL, SAW MILL, BANK, etc	
1D. Date deceased last worked at this occupation (month and vear) 11. Total time (years) spent in this occupation	
D >	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	What had been seed and trained
(State or country) ma	1 1955 and deglines the 1950
E /	Name of operation / one of Date of None
14. BIRTHPLACE (city or town)	11: it of hord
15. MAIDEN NAME CALLES PATTERS	What test confirmed diagnosis? The Was there an autopsy? No
II III III III III III III III III III	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country)	(Specify city or town, county and State)
17. INFORMANT ana Regut	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

24. Was disease or injury in any way related to occupation of

If so, specify (Signed)

(Address)

Registrar.

Nature of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 6 IS A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1093
ould state	1. PLACE OF DEATH County Alleran WITHIN CORPO	115 0
of Ind	County Allegan	Registration Dist. No.
she of	1/1/	death occurred in a horpital or institution, give its NAME instead of street and number ds. How long in U.S. if of foreign birth?
Every CIANS ement	Length of residence in city or town where death occurredmos.	/ '/
CI CI	2. FULL NAME familo Inancio A	reroy-
YSI sta	(a) Residence: No. Reas 429 Clintral W (Usual place of abode)	CSt, 5 Ward. If nonresident give city or town and State
RECORD, Every PHYSICIANS Sxact statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECC . PI Exact	3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
LY.	male White married (write the word)	(Month) (Day) (Y
MANEN A C T I	5a. If married, widowed or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended decease
MA (A lass	(01) WIFE OF MARY Smilh	Of. 15 ,193 × 10 Nov. 14, 19
EX EX or classifier.	6. DATE OF BIRTH (month, day, and year) HL 18 1903	Hast saw hard alive on 77 14, 190 4; death
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
IS A P stated properly	3/ 8 76 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	& Trade profession or particular	Vincouts acquire Data
HIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1.
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10-Date deceased last worked at this occupation (month and spent in this occupation (month	19
INE E sh it it	10: Date deceased last worked at this occupation (month and year) 11. Total time (years) spent In this occupation	
NG I AGE that	6 1/ 1 0	Other Contributory Causes of Importance:
So so ucti	12. BIRTHPLACE (city or town) / Maddland) (State or country)	Cies Proceeded
UNFADING supplied. AGI n terms, so tha	13. NAME martine / Kilm	Endo unaca de la
	14. BIRTHPLACE (city or town) Kuyasa 1	Name of operation.
E -= 00	(State or country)	What test confirmed diagnosis? Was there an autopsy
Y, WITH carefully H in plai	15. MAIDEN NAME Farmie Kelley.	23. If death was due to externel causes (VIOLENCE) fill in also the following:
a a	16. BIRTHPLACE (city or town) Paidmanh 4.1/2	Accident, suicide, or homicide? Date of Injury, 19
Can Can VTH port	State or country)	Where did injury occur?
	17. INFORMANT Swang S. Kilsonj (Address) 429 Cambal and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
40	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place St Shicks Gm Date 11/17, 1934	Nature of injury
WRITE mation SCAUSE TION is	10 HADERTANED Strain Stein) Jan	24. Was disease or injury in eny way related to opportion of deceased?
HOH	19. UNDERTAKER MMb Sulam Ma- (Address) Comberland	If so, specify
m T	There su Man Non.	(Signed) I half It I am

	If nonresident give city or town and Sta	ite
MEDICAL CE	RTIFICATE OF DEATH	utovci

Y, That I attended deceased from,

uses of importance

_____ Date of _____ Was there an autopsy?_____

(Address) Augus

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

out the particular kind of work done and return that, as spinner, weaver, etc. ""worker," "operative," etc. Find

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1	}	Example II	
The principal cause of d of importance were as for Arteriosclerosis	eath and related causes llows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC C 1904	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.	16.		
Other contributory cause	es of importance:	Salar Projections	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	. S. M	MARGIN	RESERVI	1	MAKGIN REDERVED FOR BINDING	
Z	N. B.—WRITE PLAINLY, WITH WIFADING INK—THIS IS A PERMANENT	FADIN	G INK-T	HIS	IS A PERMANEN	
	mation should be carefully supplied. AGE should be stated EXACTL	supplied. A	GE should	pe	stated EXACTI	-
1	CAUSE OF DEATH in plain terms, so that it may be properly classified.	in terms, so	that it may	pe	properly classified.	
-	TION is very important. See instructions on back of certificate.	See instruction	ons on back	o jo	ertificate.	

STATE OF MARYLAND- 1. PLACE OF DEATH	-CERTIFICATE OF DEATH 10940
County Alleganny	Registration Dist. No. 12
Village or City Thidlashid	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	iosds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME XXIIS, XXIII	besilvers
(a) Residence: No. / / Maland (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WHFE of	22. I HEREBY CERTIFY, That I attended dacassad from
(or) HFE of Susanua Relative	nor 5 , 134 to nor 6 , 1934
6. DATE OF BIRTH (month, day, and year) 100. 13 1868	I last saw here alive on 747 6 , 193 4, daeth is said
7. AGE Yeers Months Days If LESS than 1 day,hi	to heve occurred on the date stated above, at 2.32m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
00 1/1 23 ormin.	ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc	Charles mor
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month end	- way / wir 17020 193
SAW MILL, BANK, etc. LINE Company	
10. Date deceased last worked at this occupation (month end year) 11. Total time/years	
12. BIRTHPLACE (city or town) Alellassas france	Other Contributory Causes of importance:
(State or country) Wenthawayana	hr myscarditis
13. NAME Frederick Hapippenberg	7
13. NAME Rederick Represented	Name of operation Date of
(State of Country)	Whet test confirmed diagnosis Was there an au'opsy?
15. MAIDEN NAME (Cachael) Curhain 16. BIRTHPLACE (city or town)	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
(State or country) Aut aus, Cur	(Specify city or town, county and State)
(Address) Westernfront suns	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place LACE AMY EMELLIA Date X 10 193	Neture of injury
19. UNDERTAKER MY Each Lawn (Addrass)	24. Was disaese or injury In any way related to occupation of deceased?
20. FILED Mand. 8, 19-34 R. Stuke	(Signad) The Area M. I
	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as f	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MEGEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago
Cerebral hemorrhage	11 486 4 16 9	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.	ž.		
Other contributory caus	ses of importance:		Other contributory causes of importance:	2.
Gallstones		May 1,1923	Gastroenteritis	1 year

RGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	WILLIAM SON	159
County Citty	D mothers of	Registration Dist. No.
Village or City Carlos Length of residence in city or town where death o		No. St., Ward f death occurred in a horpital or hetitution, givens NAME instead of street and number) s. ds. How long in 0. S. if of foreign birth?
(a) Residence: No. 13/0 W	Treals (Usual place of abode)	St., Saward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 W 01	NGLE, MARRIED, WIDOWED, R DIVORCED (write this word)	21. DATE OF DEATH 23 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	122/24	1 HEREBY CERTIFY, That I attended deceased from 1984, to 23, 1985; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months	Days If LESS than I dey, B-hrs. or min.	to have occurred on the dete stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	II. Total time (years) spent in this	Samuel Infet
12. BIRTHPLACE (city or town) (State or country)	occupation	Other Contributory Causes of importance:
II 13. NAME Williams M	treger	
I 13. NAME 114. BIRTHPLACE (city or town) (State or country)		Name of operation Dete of What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	Lenns	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL PIece Date Date Date Date Date Date Date Dat	20v 24,194	Manner of injury
19. UNDERTAKER A B Molf (Address)	and Type	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D
20. FILED 22 7, 192 7 Water	Registrar.	(Address) & 1 Seem & Control

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

m

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied.

N. B.-WRITE PLAINLY, WITH

STATE OF MADVIAND_CEDTIFICATE OF DEATH

1. PLACE OF DEATH	93-0
County allegany	Registration Dist. No.
Village or City Bas Le Mc	No SV Wa
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmo	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME U.S. Strant & and	aster
(a) Residence: No. Borden Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH Nov 15 193.34
5a. If married, widowed, or divosed	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY Thet I attended deceased f
Janny & aneaster	1984,10 (5-193
6. DATE OF BIRTH (month, day, and year) Jan 13 1865	I last sew h alive on (15- , 19.3 4; deeth is
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
69 10 2 1 dey,hrs.	were as follows:
Les Trade and the second of	Data of or
SAWYER, BOOKKEEPER, etc.	(Crayer as deter: abrania.
Industry or business in which work was done as SILK MILL	Dudation unknown Cuto
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Time occupation (month and	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 6 chhost	
(State or country)	Uslang
13. NAME Edward Langarter	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Md	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or county)	Where did Injury occur?
16 10 1	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	- Specify whether injuly occurred in IMPOSTAT, III NOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Date 201 18, 1934	Nature of injury
20 In N	
19. UNDERTAKER THE RELIEF	24. Was disease or injury in any way releted to occupation of deceesed?
(Address) (Amathur Mark	If so, specify
20. FILED / 17 , 19 3 4 9, 18. Tacker	(Signed)
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1/13/13/2	

	PLA
. No. 1	BWRITE
<i>i</i>	ż

1. PLACE OF DEATH County Allegan	WITHIN CORPC	PRATE LIMITS Registration Dist. N	0. 4
Village or City & lear	land	Modern Read Cure III of death occurred in a hospital or institution, give its NAME instead	St., 6 - 2 War of street and number)
Length of residence in city or town where o	eath occurredyrsmos	sds. How long in U.S. If of foreign birth?y	rs
2. FULL NAME Mary S (a) Residence: No. Mank	Calvie Jang	St., Ward.	or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
Final While	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, THE	A attended deceased from
S. DATE OF BIRTH (month, day, and year)	w 28 1934	Hast saw has alive on work	death is se
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 15010 m	
self vor	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of im were as follows:	portence Date of one
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		2 illoin	alo
			nov
work was done, as SILK MILL, SAW MILL, BANK, etc			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this		1-7-3
12. BIRTHPLACE (city or town).	hulad	Other Contributory Causes of importance:	
13. NAME Benjamen	92-4		
91m	l. d.	Mama of a continu	Data of
(State or country)	Tva	Neme of operation	Was there an autopsy?
15. MAIDEN NAME CLLA IN 16. BIRTHPLACE (city or town)	Poffenberger	23. If death was due to external causes (VIOLENCE) fill in also	the following:
17. INFORMANT Buyens	of any	Specify whether injury occurred in INDUSTRY, in HOME, or	In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place-196-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4		Manner of injury	
19. UNDERTAKER GOTTAL (Address)	And me	24. Was disease or injury in any way related to occupetion of	deceased?
20, FHED 2 2 9 10 3 4 9	H. Collar	(Signed) / N L & S L L L	M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes	Date of onset
	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
,		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5,1927	July 5,1927 Peritonitis Other contributory causes of importance:

should state of OCCUPA.

m ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10944
1. PLACE OF DEATH	(3)
County allegand	Registration Dist. No.
Village or City (Backow)	NoSt.,Ward
Length of residence In city or town where deeth occurred 10 yrs, 21 mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Jaura & restone	Kashtaugn
(a) Residence: No. Sactor	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h.2 elive on 19.3 4. 19. ; death is said to heve occurred on the date stated above, at 2. 200 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER House work	Charm Indicated neph to 1932
kind of work done, as SPINNER. kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) vear) occupation	Chron, Datestated nephros 1933 Cerebral Hamonhage Moo 10 1934
12. BIRTHPLACE (city or town) Fracting (State or comply)	Other Coutributory Causes of importance:
H 13. NAME / USIC FREEDOM	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an au'opsy? **GTM**
15. MAIDEN NAME Eliga mety 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT Amel Aashbuff (Address)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Mascow Ind Date Moss. 14, 1934	Menner of Injury
19. UNDERTAKER AS Book (Address) Book (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED how 14, 1934 S. a. Boucher Registrar.	(Signed) Serger Freduce M. D. (Address) Wastersupport
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. The amples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
DEC 2 1977			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Manager Control			

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH

(Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from

Date of onset

What test confirmed diagnosis?_____ Wes there an autopsy?____

23. If death was due to external causes (VIDLENCE) fill in also the following:

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury In_any way related to occupation of deceased?_ If so, specify

Ö,

20. FILEO ____

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ROMEAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

County	Allegany	WITH	IN CORPOR	ATE LIMITS Registration Dist. N	No. 4
	0.4		yrsmos	No. Wemoria 1 Hospita 1 death occurred in a hospital or institution, give its NAME instead 2 ds. How long in U.S. if of foreign birth?	St., W W
(a) Reside	nce: No. Allegar		y Home	St., Ward. If nonresident give cit	y or town and State
PERSO	NAL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF	
3. SEX Female 5a. If married, wide	4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, (write the word)	21. DATE OF DEATH November 21, (Month)	Day) 193 4
HUSBAND of (or) WIFE of	wed, or divorced			22. //~ I HEREBY CERTIFY, Th	at I attended deceased in
6 DATE OF RIPTI	(month, day, end yeer)	Ahn A	1814	lest saw if alive on //- 2/-	- 103 4fauth in
	ears . Months	Days	If LESS than 1 dey,hrs. ormin,	to have occurred on the date stated above, et $8:40\mathrm{A}$ m The PRINCIPAL CAUSE OF DEATH and related causes of im were as follows:	
9. Industry work w SAW M	ession, or particular work done, as SPINNER, ROOKKEEPER, etc	Locuse 2 (11. Total ti		Bro Orterio Deleros	Date of of
		spen ocau	tin this pation	Other Contributary Causes of Importance:	
13. NAME	John 7	nalo	nl.	(you Cho your	monia //
A 14. BIRTHPLA	E (city or town)	. sek		Name of operation.	Date of
当 15. MAIDEN N	AME	eseen)	23. If deeth was due to external causes (VOL ENCE) fill in also	Was there an eutopsyllo the following:
5 16. BIRTHPLAC	E (city or town)	mkus	· ·	Accident, suicide, or homicide? Date of Where did injury occur?	injury, 19
17. INFORMANT	pregade (Cami	1 mi	(Specify city or town, c Specify whether injury occurred in INDUSTRY, in HOME, or	ounty and State) In PUBLIC PLACE.
18 BURIAL CREMA	TION, OR REMOVAL	Date	22,1934	Menner of injury	
Place MA		. 0			
V	horis Step	myIn	4	24. Wes disease or injury in any way related to occupation of	deceased?

-WRITE

B

PHYSICIANS should state

Every item of infor-

PERMANENT RECORD.

INK-THIS

AGE should be

mation should be carefully supplied. PLAINLY,

FOR BINDING

RGIN RESERVED

stated EXACTLY.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	V 1	LIMITS OF
County	Jany	Registration Dist. No.
Village or City	Mary 1	No. 2 St., death occurred in a hyppital or institution, give its NAME instead of street and number
Length of residence in city or town where	death occurredmos	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME ama	un i a mo ato	a .
(a) Residence: No. 247	a late	St. Ward
(a) Noncente. No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (furite the word)	21. DATE OF DEATH TO 1/
mac white	widowen	(Month) (Day) (Y
a. If married, widowed, or divorced HUSBAND of (or) WIFE-or	me ater	22. ALHEREBY CERTIFY. That I attended decease
tal mire of	The control	april 20 1934 to no 11
5. DATE OF BIRTH (month, day, and year)	time 2>-185	I last saw h alive on now 10 1924 : deet
. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 100 a.m.
83 8 4	Zo 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		Date
SAWYER, BODKKEEPER, etc.	later	01, 1,1, 2
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Bricherard	Chronic wyscardilis.
10. Date deceesed last worked at	11. Total time (years)	
this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	w Faur	Dther Contributory Causes of importance:
(State or country)	WITA	
13. NAME	mc ates,	
13. NAME 14. BIRTHPLACE (city or town)		Name of operation
(State or country)	w,ve	What test confirmed diagnosis? Climical Was there an europsy
15. MAIDEN NAME		23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of Injury, 19
(State or country)	with	Where did Injury occur?
17. INFORMANT al. / Le	unles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)	southers	
18. BURIAL, CREMATION, OR REMOVAL	- me - ul	Menner of Injury
Place #	Dete 14, 1934	Neture of injury
19. UNDERTAKER	was	24. Was disease or injury in any way related to occupation of deceased?
(Address)/	aftered md	If so, specify
20. FILED //3 , 1934 CC	11. Walker	(Signed) 9(1): 1 across
	Registrar.	(Address) too Churg had_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	----------------	------------	----	-----------

13. NAME

17. INFORMAN

15. MAIDEN NAME

MOTHER

(State or country)

16. BIRTHPLACE (city or town)

(Stete or country)

14. BIRTHPLACE (city or town

18. BURIAL, CREMATION, OR REMOVAL

24. Was disease or injury In eny way related to occupation of deceased? If so, specify (Address)

23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury_____ 19.

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

..... Was there an eutopsy?____

(Specify city or town, county and State)

Name of operation

Nature of Injury

What test confirmed diagnosis?_

Where did Injury occur?__

Manner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

nation

LION

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 6 1974			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF MARY	LAND-CERT	TIFICATE OF	DEATH
---------------------------------------	-------	---------	-----------	-------------	-------

10949

	County	ALLEG	ANY	W//	HIN CORPO	RATE LIMITS	Registration Dist	. No	4
	Village or C	ity	CUMBER	LAND		No. MEMORIA	AL HOSPITAL r institution, give its NAME inst	St.6	-/ Ward
	Length of resid	dence in city	or town where	death occurred			.S. if of foreign birth?		
2	2. FULL NAI	ME	AGNE	S MINKE					
	(a) Residen	ce: No. <u>C</u>	HRISTI	E ROAD, (Usual place		St.,Ward.	CUMBERLAND, If nonresident give	MD a	State
- gallenger	PERSON	AL AND	STATIST	ICAL PARTI	CULARS	MEDICA	AL CERTIFICATE O	F DEATH	
	SEX FEMALE		OR RACE	5. SINGLE, MAR OR DIVORCE MARR	RIED, WIDOWED, D (write the word) I ED	21. DATE OF DEA	TH ovember 7, (Month)	(Day)	, 193 4
5e.	. If married, widow HUSBAND of (or) WIFE of		ced ROY MIN	KE		22. IHER	EBY CERTIFY,	That I attended	
6.	DATE OF BIRTH (month, day,	and year) OC	tober 1	1 1909	I last saw h	on 2167		
	AGE Yea	rs	Months	Days 27	If LESS than 1 dey,hrs.	The PRINCIPAL CAUSE OF	te stated above, a D: 36P. F DEATH and related causes of	m.	
NOI	8. Trade, profes	sion, or par		HOUSEWI	f ormin.	were as follows:	Introlet		Date of onset
OCCUPATION	9. Industry or I	business in done, es SI				luft	with		
000		ed last work petion (mont	th and	spa	ime (years) nt in this upation				-
12.	BIRTHPLACE (cit	ty or town)	MARYLA	ND		Other Contributory Causes	of Importance:		
ER	13. NAME H	ENRY	DIEHL						-
FATHER	14. BIRTHPLACE		(n) MA	RYLAND					
ER	15. MAIDEN NA	ME M	ary Ime	98			rnal causes (VIOLENCE) fill In		
MOTHER	16. BIRTHPLACE (Stete or		vn)MA	RYLAND			ide?Date	of Injury	, 19
17.	. INFORMANT			OSPITAL MARYL	AND		(Specify city or town urred in INDUSTRY, In HOME,	n, county and Stat or in PUBLIC PL	e) ACE.
18.	BURIAL CREMAT	ION. OR RE	MOVAL		7.10.1,34				
19.	. UNDERTAKER (Address)	J	ohn.C.W	olford erland.	Md ,		any way related to occupation		
20,	FILEDZAU	9, k	34 M	arney)	A Messessistrat.	(Signed) (Address)	III Sou	My	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	Mar. 1 1000	Other contributory causes of importance: Gastroenteritis	
- Canada Cara Cara Cara Cara Cara Cara Cara C	May 1,1923	Gastroenterius	1 year

OCCUPATION

1. PLACE OF DEATH County Components Limits or Village or City Association (if	Registration Dist. No. No. No. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? St., Ward. St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If marriad, widowad, or divorced	21. DATE OF DEATH Nov 9, 193 4. (Year)
HUSBAND of (or) WIFE of Aug Odge 6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Days If LESS than 1 day,	22. I HEREBY CERTIFY, That I attended daceased from 1934, to 2007 1934 I last saw here alive on 2007 1934; death is said to have occurred on the data stated above, at 2007 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Other Cautributary Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) (Stata or country)	Name of operation
15. MAIDEN NAME Marthu (16. BIRTHPLACE (city or town) (State or country) England 17. INFORMANT (Address)	23. If daath was dua to extarnal causes (VIDLENCE) fill in also the following: Accidant, suicida, or homicide?

MOTHER 17. INFO 18. BURIAL CREMATION.

Mor 10,1934 19, UNDERTAKER

(Address) 20. FILED. Registrar.

Mannar of injury

If so, specify

(Signed) (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Nature of injury.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gostroen teritis 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	-------------------	----	-----------

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

ADDITIONAL SPACE FOR FURTHER ST	STATEMENTS	BY	PHYSICIAN
---------------------------------	------------	----	-----------

1	4
U	
	1
	Tant divis
7	
S. No.	F
>. S2	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County allegany.	Registration Dist. No.
Village or City & fostburg	No. Minute of NAME interest and number)
Length of residence in city or town whera death occurredyrs,mos.	
2. FULL NAME William Harden	n Pan
(a) Residence: No. Cemetary Rd.	St., Ward
(Usual place of abode) Me PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	Morth J (Day) (Year)
5a. If marriad, widowed, or divorced	
HUSBAND OF Caralle Par.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 10.1858	I last saw harmalive on 7001 5, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$2.40 f.m.
7-6 6 5 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Olassa Nabletin
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last workad at this occupation (month and	Constact Agranus
work was done, as SILK MILL, SAW MILL, BANK, etc	Secondary araema ?
11. Total time (years) this occupation (month and year) year) year) Occupation	
1 0 11.	Other Contributory Causes of importance:
12. BIRTHPLACE (city of town) (State or country)	
13. NAME William Pari.	.,
13. NAME William Can. 14. BIRTHPLACE (city or town) D. J. J. Nover	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Clare Town Was there an autopsy Des
15. MAIDEN NAME Suson Harden.	23. If death was dua to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Not 1 manual	Accident, suicide, or homicide?
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT 902 allel 1 and 1 (Addrass) We same and mile	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Western polar 100.8,1934	Natura of injury
19. UNDERTAKER X - S BOOK	24. Was disease or injury in any way related to occupation of deceased?
(Address) percentage of the control	(Signed) MOME And M. D.
20, FILED 8, 1934 CITT, Parker.	(Address) Mathematical Ind
If more blanks are needed address State Resistrar	2421 N. Charles Street Baltimore Requesting T. S. No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	j j		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN			

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(5)	
County Magazin fi	Registration Dist. No.	
Village or City The Through Con-	No. St., death occurred in a horpital or institution, give its NAME instead of street and nur	War
Length of residance in city or town where death occurred yrsmos.	ds. How long in U.S. if of foreign birth?yrsmos.	ds
2. FULL NAME Tolla, Sattyran		
(a) Residence: No. Selundike	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and St	ate
B. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
Temale White OR DIVORCED (write the word)	(Month) (Day)	193_4 (Year)
a. If married, widowad, or divorced HUSBAND of (or) WIFE of Adam Pattersne	22. I HEREBY CERTIFY, That I ettended de	ceased from
5. DATE OF BIRTH (month, dey, and year) Leht 20, 1893	I lest saw h 4 alive on 1924, 35 4 19 44;	death is se
7. AGE Years Months Deys If LESS than	to have occurred on the data stated above, at 9.3 6 A m.	
4-/ 2/ 6 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence	
8. Trade, profassion, or particular kind of work done, as SPINNER,		Data of onse
SAWYER, BOOKKEEPER, etc	nable to	0,7.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	for the state of t	
10. Data deceesed last worked et this occupation month and 19 14 34 spent in this 2 1/9 year) 11. Total time (years) spent in this 2 1/9 occupation 11.		
2. BIRTHPLACE (city or town) Alendihes	Other Contributory Canses of importance:	
(State or country) may land		
13. NAME George Populler		
64. BIRTHPLACE (city or town) Maryland	Name of operation Dete of	
(Stata or country)	Whet test confirmed diagnosis? Was thera an euto	opsy7
15. MAIDEN NAME Prictina Buskirk	23. If death was due to axternal causes (VIOLENCE) fill in elso the following:	70.00
16. BIRTHPLACE (city or town) Drangland.	Accident, suicide, or homicide? Date of Injury	, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)	
7. INFORMANT The aller Callers Callerson (Address) Chardise me	Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE	Ε.
18. BURIAL, CREMATION OR REMOVAL Place Kelginy Busting Oate JUN 28, 1934	Manner of injury	
19. UNDERTAKER IL Sikhliom	24. Was disease or injury In any way related to occupation of deceased? NO	
(Address) Guazgaryng Mo)	'If so, specify	
20. FILEO /28 , 19 3 4, U.M. Hallen	(Signed) M. An Correction	M. 1
Registrar.	(Address) - Maladalla Mary	3144

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
BHDS ALL V. A.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10954
1. PLACE OF DEATH	(3)
County allegans	ORATE LIMITS Registration Dist. No.
Village or City Currenterland	No. Allegany Tappital St., # Ward (If death occurred in a hospital or institution give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Edward Pe	ndergast hi
(a) Residence: No. (Jakland, Mid- (Usual place of abode)	St., Ward. Allegany Hage fall
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Maried:	21. DATE OF DEATH November 28, 193 4 (Month) (Day (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
The same personal	197, to 1934
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months Days If LESS than	t lest saw h death is seld
1 dey,hr	
8. Trade, profession, or perticular	Were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Journal of the second	Caron Mephon I
Andustry or business in which	Sde.
work wes done, as SILK MILL, SAW MILL, BANK, etc	(Kremin)
10. Date deceased last worked at this occupetion (month and year)	Peud
12. BIRTHPLACE (city or town) Graffon W. Va (State or country) Towards Country	Other Contributory Causes of importance:
13. NAME Thomas a Penteraset	
14. BIRTHPLACE (city or town) Juland	Name of operation. Date of Date of
(State or country)	Whet test confirmed diegnosis? Phy Har was there an autopsy? Dep
15. MAIDEN NAME Mary Vallace	23. If death was due to externat causes VIOLENCE) fill in elso the following:
15. MAIDEN NAME Mary Helface 16. BIRTHPLACE (city or town) Seland: (State or country)	Accident, suicide, or homicide?
17. INFORMANT Markin Gentugant	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cakland, Md. Datolec 1. 1932	Nature of Injury
19. UNDERTAKER Oakland. Bolokeke.	24. Wes disease or injury in eny wey related to occupetion of deceesed?
20. FILEDUR 12., 193 4 Harrey & Registrar.	(Signed) Mullianes M. D. (Address) Marketand M.
If more blanks are needed, address State Registra	ir, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Pear			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of			

Every PHYSICIANS RECORD. Exact E should

BINDING

RESERVED

RGIN

Jo pinous

statement

classified certificate. properly of back may on instructions supplied plain terms, See carefully important. ï DEATH pe should very OF WRITE CAUSE mation MOLI

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 193 (Month) (Day) (Year) 5a. If married, widowed, or divorcad That I attanded daceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Davs If LESS than Months to have occurred on the date stated above, at, 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance or min. Date of enset 8. Trade, profassion, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK NHLL. SAW MILL, BANK, etc ... 10. Date daceased last worked at 11. Total time (years) this occupation (month and spent in this occupation Olhar Contributory Causes of importance 12. BfRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation ... (State or pountry) What tast confirmed diagnosis?. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19. 16. BIRTHPLACE (city of town) (State or country) Where did injury occur?... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAND (Address) 18. BURIAL, CREMATION, OR Mannor of injury Natura of injury. 24. Was disease or injury in any way ralated to occupation of deceasad? 19. UNDERTAKER (Address) If so, specify (Signad) Registrar. (Addrass)

V. S. No. 1

2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person agcd 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important disease, or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state OCCUPA-

should

PHYSICIANS

statement

certificate.

properly

may back

that

plain

in

DEATH

CAUSE mation

should be

S. No.

жi

on

instructions

important.

very OF

TION

× E stated should supplied. carefully

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County (Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred _____yrs.___ How long in U. S. if of foreign birth?_____yrs.____mos._ (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of orianis also allostes 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated above, at 12 hors m 1 dey.____hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or____min. were as follows: Date of onset 8. Trade, profession, or perticular OCCUPATION kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 1D. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this vaar) _____ occupation Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) Nama of operation (Stata or country) What test confirmed diagnosis? Was there an autopsy?..... MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: 16. BIRTHPLACE (city or town). Accident, suicide, or homicida? ______ Data of injury _____ 19__ (Stata or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was diseese or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify . 2D. FILED.... Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 6 1848			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year

ADDITIONAL SPACE FOR FURTH	R STATEMENTS BY PHYSICIAN
----------------------------	---------------------------

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10957
1. PLACE OF DEATH	<u> </u>
County Cellegary	Registration Dist. No.
Village or City Handfung	No. Maura Arabital St., Ward (If death occurred in a hospital or institution) give its NAME instead of street and number)
	osds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME TALAUL TOWE	N.
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Solution 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 905. 16-1934	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at
8. Trede, profession, of periodiar	were as follows:
8. Trede, profession, of penticular kind of work done, as SPINTER, SAWYER, BOOKKEPER, etc.	Toby Stillban
kind of work done, as SPINTER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and	
10. Date deceased lest worked at this occupetion (month end yeer)	
12. BIRTHPLACE (city or town) Protestery had (State or country)	Other Contributory Canses of Importance;
The state of the s	
13. NAME TO COLOR 14. BIRTHPLACE (city or town). Cruckelland	Neme of operation
(State of country)	What test confirmed diegnosis? Was there an au'opsy? A
15. MAIDEN NAME Jacobell L. Bernet	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME PROPERLY L. Bernett 16. BIRTHPLACE (city or town) Put James Level (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT IT Jewell (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Date 17 , 19.3	Nature of injury
19. UNDERTAKER Sunt To. (Address) Frankling fund	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILED /// 7 , 1934 A J. Bottette M. Registrar.	(Signed) M. D (Address) Met Jourge love
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

1. PLACE OF DEATH	940
County Allegany	Registration Dist. No.
Village or City Little Orleans R.7.	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmos,ds,
2. FULL NAME James At,	Nice
(a) Residence: No. // Julian	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Mor. 9 1934
5a. If marriad, widowad, or divorced	(Month) (Vaar)
(or) WIFE of Mancy rice	22. NI HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) afer. 28, 1857	Hast saw home alive on Mor. 9 1934: death is said
7. AGE Yaars Months Days If LESS then	to have occurred on the date stated above, at 5.40 Pm.
77 6 // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BDDKKEEPER, atc. Salmel	angina lectorio Nov. 9
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (moth and	
1D. Dete deceased last worked at this occupation (month and 1934) year)	
, your services and services are services and services and services and services and services and services and services are services ar	Dthar Contributory Causes of importanca:
12. BIRTHPLACE (city or town) - Marykarch (State or country)	
1 1/1 2 10	
E - 6	
(State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
Ε ,	23. If daath was due to extarnal causas (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida?
Mis Netter Mann	(Specify city or town, county and State)
17. INFORMANT / US. / CELLE / CATTON (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Mannar of injury
Plants My astrone // 1/2 Note / DV a / 1999	Natura of Injury
Ehl Smith	24. Was disaese or injury in any way related to occupation of decaased?
19. UNDERTAKER (Addrass) (Addrass) (Addrass)	If so, spacify
20. FILED MA 1/ 19.54 & 9 7 Mann	(Signed) J. a. Walson M. D.
Defle Focol Registrar.	(Addrass) Hamerck md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Peritonitis Cerebral hemorrhage 3 days ago WITH A STANK B Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

FOR BINDING

	age or City CUMBERL.	(1	L HOSPITAL Story Ward feath occurred in a hospital or institution, give its NAME instead of street and number) s
	L NAME ISAAC (Residence: No. KEYSER	W.VA. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PE	RSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED	21. DATE OF DEATHEMBER, 24, 1934 (Month) (Oay) (Year)
5a. If marrie HUSBA (or) W	ed, widowed, or divorced AND of IFE of SARAH FRY	E PURGETT	22. I HEREBY CERTIFY. That I attended deceased from 19 FW, 1934, to Nov 23., 1934
6. DATE OF 7. AGE	Years Months	OCTOBER 21 1853 Oays If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, atm.
1 1	de, profession, or particular	RETIRED	
12. BIRTHP	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	ATEWAY MAIL GLER 11. Total time (years) spent in this occupation T VIRGINIA	toward of the bound of the toward of the the the the the the the the toward of the
12. BIRTHPI (State 13. NAM	ustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. e deceased last worked at this occupation (month and year) WES LACE (city or town) te or country) ME THPLACE (city or town) WILLIAM PUR	ATEMAY-MATE-GEER 11. Total time (years)	Other Contributory Canses of importances of importa
12. BIRTHP! (State 13. NAM 14. BIR 15. MAI	ustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. e deceased last worked at this occupation (month and year) WES LACE (city or town) te or country) WE THPLACE (city or town) (State or country)	ATEMAY-MATE-GEER 11. Total time (years)	Other Contributory Causes of importances of importa
12. BIRTHPI (Star	ustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. e deceased last worked at this occupation (month and year) WES LACE (city or town) te or country) ME THPLACE (city or town) WILLIAM PUR	ATEMAY-MATE-GLER 11. Total time (years) spent in this occupation T VIRGINIA GITT AST-VIRGINIA	Other Centribatory Causes of importances of importa
12. BIRTHPI (State 13. NAM 14. BIR 15. MAI 16. BIR 17. INFORM/ (Add	ustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc e deceased last worked at this occupation (month and year) WES LACE (city or town) te or country) WES THPLACE (city or town) UState or country) WES THPLACE (city or town) UState or country) WES WES THPLACE (city or town) USTATE OF TOWN WES WES THPLACE (city or town) WES THPLACE (city or town) WES WES THPLACE (city or town) WES THPLACE (city or town)	ATEMAY-MATE-GEER 11. Total time (years) spent in this occupation VIRGINIA GITT EST-VIRGINIA PITAL	Nama of operation and a structure of importances of
12. BIRTHP! (Stail 13. NAM 14. BIR 15. MAI 16. BIR 17. INFORM/ (Add	ustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc e deceased last worked at this occupation (month and year) WES LACE (city or town) te or country) WILLIAM PUR THPLACE (city or town) (State or country) IOEN NAME THPLACE (city or town) (State or country) ANT MRMORIAL HOS	ATEMAY-MATE-GEER 11. Total time (years) spent in this occupation VIRGINIA GITT EST-VIRGINIA PITAL	Other Contributory Canage of importances Nama of operation A De Arlicot Date of FP What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury

CEDTICIOATE OF DEATH

CTATE OF MADVI AND

14050

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
UEC 6 150	1 701		
Other contributory causes of importance:	9.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10960
Length of residence in city or town where deeth occurredyrs,mos	No. St., Ward f death occurred in a bospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. 24 /8 C. Main S. J. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Surge	21. DATE OF DEATH 11 - 4 - 3 4 , 193 (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) 7. AGE Yeers Months Deys If LESS then 1 dey, 3 hrs.	1 HEREBY CERTIFY, That I attended deceased from 1-4-34 (1:164) h, to 11-4-34 (1:164) h liest saw h er alive on 11-7-34, 19 ; death is seid to heve occurred on the dete steted above, at 4140 cm.
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceesed lest worked at this occupetion (month and year) occupetion	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows: Date of onest
12. BIRTHPLACE (city or town) - Fronthurg Mich (State or country)	Other Centributory Causes of importence:
13. NAME Workert Rollectie.	
13. NAME Norbert Rofferty. 14. BIRTHPLACE (city or town) 7 Total (State or country)	Name of operetion Dete of Whet test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME Claim Kyler. 16. BIRTHPLACE (city or town) Rosellect Parties of Control	23. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?

Accident, suicide, or homicide? Where did injury occur?.

23. If deeth was due to externel causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Neture of injury.

24. Was diseese or injury in any way If so, specify

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Registrar.

TION is very important. PLAINLY,

17. INFORMANT. (Address)

(Address)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, OREMATION, OR REMOVAL

19. UNDERTAKER 20. FILED ...

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of of importance were as:	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FAFIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	lis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	geo g W.A.	July5,1927	Peritonitis	3 days ago
	D1137431 5			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10961
1. PLACE OF DEATH COUNTY Allegans	PORATE LIMITS (3)
Village or City Constant	No. memorial Hospitalst. 6-1 Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME YELL N. Maligare (a) Residence: No.	St., Ward. Eckhart Ind.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white Small	Movembor 2 , 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Rha 1896	I last saw h. Log alive on 1 39 1924 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
aline 3 6 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade profession or particular	Date of consult of the party of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	1/1/231
10. Date deceased last worked at this occupation (month and year) spant in this occupation	
12. BIRTHPLACE (city or town) Eckbart and.	Other Contributory Causes of importance:
13. NAME James & Ratigan	0
13. NAME In to Latingary 14. BIRTHPLACE (city or town) Problems (State or country)	Name of operation
	Whet test confirmed diagnosis?
15. MAIDEN NAME The Bright 16. BIRTHPLACE (city or town) President Bright (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT mis ham Rammanf (Address) Cresalton and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannel of impry
Shopenhore (im) Date NIC! 1934	Neture of injury
19 UNDERTAKER Lomis Steam Inc	24. Was disease or injury in any way related to accupation deceased
(Address) brunferlage	If so, specify
20. FILED TON 30, 1934 Dakuly & Meine Registrar.	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
growth V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

İ	Example II	1
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
11-2-11	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

BINDING

FOR

RESERVED

GIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEMBER	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 6 1004	July 5,1927	Peritonitis	3 days ago
	BODE HILLS			
Other contributory ca	uses of importance:	1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	-City Lin	its & .mare
Village or City Comments	and	Registration Dist. No. No. Be Afril Roal St., Ward death occurred in schorpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death o		ds. How long in U.S. if of foreign birth?mosds.
(a) Residence: No.	Usual place of abode)	Ward. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	NGLE, MARRIED, WIDOWED, R DIVORCED (purite the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
no .		/, 19, to, 19, 19, 19
6. DATE OF BIRTH (month, day, end year)	1, 1934	I last saw h; deeth is seid
7. AGE Years / Months	Deys If LESS then	to have occurred on the dete steted above, at 7 : 30 Pm.
1 St. Phaona	1 day, 8 hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	7	P Date of one of
SAWYER, BDDKKEEPER, etc.		Viella me bergh
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		112013112
1D. Dete deceesed last worked at this occupation (month and	11. Total time (yeers) spent in this	Cause west now
yeer)	occupetion	Dither Contributory Causes of importance:
12. BIRTHPLACE (city or town) level (State or country) May	eland	
13. NAME con tes	and I	
13. NAME 14. BIRTHPLACE (city or town)		Name of operation Dete of
(Stete or country)		What test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME anna Ru	mine	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Anna Anna 16. BIRTHPLACE (city or town) tolars	Ro	Accident, suicide, or homicide? Dete of injury19
State or country)	und	Where did Injury occur?
17. INFORMANT anna Roma (Address) Redderd 1d	and Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
16 BURTAL, CREMATION OR REMOVAL	10	Manner of injury
Place Ortination Da	1000 2 1934	Nature of Injury.
19. UNDERTAKEN Buss Alisi	line	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED LAND, 1934 Place	very A Registrar.	(Signed) M. D. (Address) 3 4 June 2 1
If more blanks		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVI REDVICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
e manya	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

nfor-	state	PA.	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
Every it	CIANS	ement o	
CORD.	PHYSI	ct stat	
NT RE	LY.	l. Exa	
MANE	KACT	lassified	
A PER	ted E	perly c	ificate.
HIS IS	be sta	be pro	of cert
NK-T	plnods	it may	n back
JING I	AGE	so that	ctions c
UNFAI	upplied.	terms,	e instru
WITH	fully s	n plain	nt. Se
INLY,	be care	EATH i	mporta
E PLAI	plnods	OF DI	TION is very important. See instructions on back of certificate.
-WRITI	mation	CAUSE	TION is

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	0955
1	. PLACE OF DEATH		
	County Blegain.	PRATE LIMITS Registration Dist. No.	4
	Village or City Communication City Communication City	No. Sos Control of No. St., death occurred in a horpital or institution, give its NAME instead of street and n	Ward wmber)
	Length of residence in city or town where death occurred		
2	2. FULL NAME Catherine Same	Lis	
	(a) Residence: No. 808 Arlandia (Usual place of abode)	2 St., 3 Ward. If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7 14	19354
5a.	If married, widowed, or divorcad	(Month) (Day)	(Year)
	HUSBAND of Henry Sanders.	22. I HEREBY CERTIFY, That I attended of	deceased from
6.	DATE OF BIRTH (month, day, and year) 28 1869	1 last saw h allva on n 12 , 1934	; death is said
7	AGE Years Months Days If LESS than	to have occurred on the data stated above, at	
	75 9 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jaralesa, Atroke	Date of onset
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	,	
000	TO. Date deceased last worked at this occupation (month and spent in this occupation occupation occupation		
12.	BIRTHPLACE (city or town) Insulurland Ind. (State or country)	Other Contributory Causes of importance: (Inamin Nephrif - arterio	1931
ER	13. NAME Edward Iraline.		
FATHER	14. BIRTHPLACE (city or town) (State or country)	Nama of operation	
2	15. MAIDEN NAME Bandard Ar halend	What test confirmed diagnosis? Was there an a	
MOTHER	16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury	
17.	INFORMANT Puro Bring Williams (Address) 808 Commission Are	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE,
18.	BURIAL CREMATION, OR REMOVAL Combate hov. 16, 1934	Manner of injury	
19.	UNDERTAKER Komis Stein Inc. (Address) Limiteda A.	24. Was disease or injury in any way related to occupation of deceased?	
20.	FUED al 15, 1934 Harrier A Province	(Signed) (Address) (Mart Joseph Mart)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MINTALL V. S	i,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOMMATION Should be carefully supplied. AGE should be stated EXACTLY. PH. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact TION is very important. See instructions on back of certificate.)	RECO	Y. PH	Exact	
B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A I mation should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properl TION is very important. See instructions on back of certifica	5	ERMANENT	EXACTL	y classified.	te.
B.—WRITE PLAINLY, WITH UNFADING INK—THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of	-	IS A I	stated	properl	certifica
. B.—WRITE PLAINLY, WITH UNFADING INK—T mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back		HIS	be	be	of
B.—WRITE PLAINLY, WITH UNFADING mation should be carefully supplied. AGI CAUSE OF DEATH in plain terms, so tha TION is very important. See instructions		INK-TI	E should	t it may	on back
. B.—WRITE PLAINLY, WITH UNI mation should be carefully suppl CAUSE OF DEATH in plain terr TION is very important. See ins		FADING	ied. AG]	ns, so tha	structions
. B.—WRITE PLAINLY, WITH mation should be carefully CAUSE OF DEATH in plain TION is very important. S		S	lddns	n terr	ee ing
Provide the Control of the Control o		1. B.—WRITE PLAINLY, WITH	mation should be carefully s	CAUSE OF DEATH in plain	TION is very important. Se

	5	STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	956
	1. PLACE OF DEA		'Bacam		(8)	
	County_Alle	gany	Wh	HIN CORPC	DRATE-LIMITS Registration Dist. No.	4
	Village or City Cu	mberland	. Md		No. Allegany . Hospital . St.,St.,	Ward
-	Length of residence in	city or town where de	ath occurred	VIS mo:	If death occurred in a hospital or institution, give its NAME instead of street and nu	mber)
	2. FULL NAME	thelele	11.20	to a colo	sds. How long In U.S. if of foreign birth?yrsmos	ds.
1		Cumbe	rland.	Md		
	(a) Residence: No.	·	(Usual place		St., Ward. If nonresident give city or town and S	
	PERSONAL AI	ND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	tate
3.	SEX 4. COL		5. SINGLE, MARI	RIED, WIDOWED,	21. DATE OF DEATH Nov. 30. 1934	102
5a	. If married, widowad, or div HUSBANO of	rorced			(Month) (Day	(Year)
	(or) WIFE of			N _e j	22. I HEREBY CERTIFY, That retended da	caasad from
		P	Nov.30.	103/1	Mur 30 1934, to Vur 30	., 19. JK
	DATE OF BIRTH (month, da AGE Years	y, and year/				death is sald
	AGE 16813	Months	Days	If LESS than 1 day,	to have occurred on the date stated above, at 5.22 c.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NO	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc			Oate of onset		
OCCUPATION	9. industry or business i	EPER, etc			Inter ularmo archypia	
	work was dona, as SAW MILL, BANK,	SILK MILL,				
000	10. Oata deceased last wo this occupation (mo year)	orked at	11. Total tip spen occu	me (years) t i n this pation		
12	BIRTHPLACE (city or town))	Md		Other Coatributory Causes of importance:	
œ	(Stata or country)	hn.W.Scar	ml att		nephritis in mathe	
FATHER	13. NAME JO.	m.w.beal				
FAT	14. BIRTHPLACE (city or to (State or country)	own)	Md		Nama of oparation Date of	
œ	15. MAIOEN NAME GE	orgette.(Tegtell	8	What test confirmed diagnosis? Was there an auto	opsy?
MOTHER					23. If death was due to external causes (ViOL ENCE) fill in also the following:	
W	16. BIRTHPLACE (city or to (State or country)	own)		Pa	Accident, suicide, or homicide? Data of injury	, 19
		787 -			Where did injury occur? (Specify city or town, county and State)	
17.	INFORMANT JON (Address)	n.w.scar. Cumbei	rland.	wa	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	Ē.
	BURIAL, CREMATION, OR I				Manage of Salum.	
	Place Rose	H1114	Oate Dec.	3.1934	Manner of injury	
19.	UNDERTAKER JO	hn.C.Wolf	ford land. M	d	24. Was disease or injury In any way related to occupation of decaased?	
20.	FILED DEC 8.	1034 Har	mey X	Melse Registrar.	(Signed) Walts B Julius (Address) A & Perslain W	УМ. D.
Heaten		If more bla	inks are needed ad		N. C. L. C P. L.	

needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE	OF	MARYI	AND-	CERTI	FICATE	OF	DEA	T
--------------------------------------	-------	----	-------	------	-------	--------	----	-----	---

		STATE	OF MAR	YLAND-	CERTIFICATE	OF DEATH	2-7 3
1.	PLACE OF		4	VITHIN COR	ORATE LIMIT		d
	County	Allegany				Registration Dist. No.	7
	Village or Ci				death occurred in a hospital or inst	HOSpital St., (itution, give its NAME instead of street as	d number)
	Length of rasid	danca In city or town where	daath occurred	yrsmos	1-3 ds. How long in U.S. i	f of foreign birth?yrs	_mosds.
2.	FULL NAM	WE Mpg Lan	ra Some	rlatt	~=====		
		e: No. State C			St., Ward.		
			(Usual place	of abode)		If nonresident give city or town	-
		AL AND STATIST	ICAL PARTI	CULARS		CERTIFICATE OF DEATH	
3. SE	Female	White		RIED, WIDOWED, D (write the word) OW	21. DATE OF DEATH		, 193.4 (Year)
5a. I	f married, widowe HUSBAND of (or) WIFE of	charles E.	Somerl	att	220 - 1 S - 3	Y CERTIFY, Thet I attend	ed deceased from
6 D	ATE OF RIDTH (month, day, end yaar)	MA 15	1872,	I last saw h_CT alive on	Nov 4 19	4; death is seid
7. AC			Days	If LESS than	to have occurred on the data st	atad abova, at 5:30Am.M.	
	00	2 2	19	1 day,hrs.		EATH and reletad causes of importance	,
T	8. Trada, profas	sion, or particular	/		were as rollows:		Date of onset
5	kind of w	ork done, as SPINNER, BOOKKEEPER, etc	House	Mother	Calcinora 0	1 leing	7-15-39
A .	9. Industry or I	business in which done, as SILK MILL,					/
3	SAW MIL	L, BANK, etc	1 11 2014				
8	this occup	ed lest worked at pation (month and	spa	ime (yeers) nt In this upation			
12. I	BIRTHPLACE (cit (State or coun		land	************	Other Contributory Causes of In	mportanca:	11-1-37
2	13. NAME	dam Kalbaug	gh			**************************************	
FAIH	14. BIRTHPLACE (Stata or	(city or town)	rland		Name of operation What test confirmed diagnosis?.	A / 6 /	in autopsy?
2	15. MAIDEN NAI	ME Jennie G	tarton			causes (VIOLENCE) fill In elso the follow	
= -	16. BIRTHPLACE	000000				Date of Injury	-
Σ	(State or	country) Mary	rland		Where did injury occur?	(6. '(- ')	
17. I	NFORMANT (Address)	Memorial F	Hospital		Specify whether injury occurred	(Specify city or town, county and din INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. E	Place DA	Ign, OR REMOVAL) pate 11/	6 , 1934	Mannar of Injury		
19. l	UNDERTAKER (Address)	Louis &	lew	Luc mo	24. Was disaase or injury in any	y way rafated to occupation of dacaased?	
20. F	FILEDOO	6 1034()	Varuet	M Vacs	(Signed)	Jamelya	M. D.

Zimmerman

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDGAS V 8.			
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

1. PLACE OF DEATH WITHIN COR	PORTE LIMITE (82-0)
County allegany	Registration Dist. No.
	1710 000 1000
Village or City Consultation of City (If	death occurred in a hospital or institution, any its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. if of foliage birth?ds.
2. FULL NAME Ellen Suden	
2122 110	es 5 Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mov. 16 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced	(month) (Day) (1991)
(or) WIFE of William Suder	22. Of FREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov-10 - 1860	I last saw here a elive on Move 1 14 , 1904; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, at
74 0 6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or perticular	Chaplery arefral, 10-9-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	V
SAW MILL, BANK, etc	
this occupation (month and year) occupation occupation	
Journ Journal of the Control of the	Other Contributory Causes of jupperlance:
12. BIRTHPLACE (City or town)	Nyperturell
(State or country)	· · · · · · · · · · · · · · · · · · ·
13. NAME / Target 14. BIRTHPLACE (city or town)	
	Name of operation Date of
(State or country)	What test confirmed diagnosis? // Was there an autopsy?
16. BIRTHPLACE (city o Town)	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
X (Stete or country)	Where did injury occur?
17. INFORMANT DU - Syndey	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) beland and.	
18. BURIAL CREMATION, OR REMOVAL	Menner of Injury
Hillard Grang: Dete Jose 18, 1934	Nature of injury
19. UNDERTAKER	24. Was disease or injury In any way related to occupation of deceased? RO
(Address)	If so, specify
harly 34 Holan Al	(Signed) Will Dungsler M/D.
20. FILED CON / 2, 19 34 Harney W/lens	(Address) Quelle lo Quelle MANAX
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year
	Attack of epilepsy Run over by street car Peritonitis Other contributory causes of importance:

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	10	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

		STATE	JF MAR	YLAND-	CERTIFICATE OF DEATH	00.00
	1. PLACE OF			VITHIN CORP	Dr.Murra.	. ,
	County	Alleg			Pogistration Dist No.	4
	Village or City	, Cumber	land. M		No. 427 · Walnut · St St.	Ward
	Length of reside	nca in city or town where	death occurred	(1	f death occurred in a horpital or institution, give its NAME instead of street and n	number)
		* Manna i	s. Vans	ant	yrsyrsmo	sds.
	2. FULL NAM	11.	all l	1		
	(a) Residence	: No	(Usual place	nest	St., 3 Ward.	
CHURCH	PERSONA	L AND STATIST			If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3.		. color or RACE White	5. SINGLE, MAR	RRIED, WIDOWED,	21. DATE OF DEATH Nov.14.1934	
52	. If married, widowed	Or diversed	1 111101		(Month) (Day)	(Year)
Ju	HUSBAND of (or) WIFE of	, or divorced			22. I HEREBY CERTIFY, That I attended of	decassed from
	(01) 11112 01			0=3	9en (0, 1934, 10 lear 14	19.25
6.	DATE OF BIRTH (mo	onth, day, and year)	ct.10.1	.853	I last saw h alive on Lear 14 ,1934	; daath Is said
7.	AGE Yaars	Months	Days	If LESS than	to have occurred on the data stated above, at 6 Pm m.	
	81.	3	4	I day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:	
N	8. Trade, profassio	on, or particular k dona, as SPINNER,	Potinod			Data of onset
OCCUPATION	SAWYER, BO	OOKKEEPER, etc	Retired		Circles American	Row
UPA	work was do	siness In which ona, as SILK MILL, BANK, etc	3 · & · O RR	r	4	10)
220	10. Date dacaased	last worked at	11. Total t	ime (yaars)	Mungligia	
0	this occupat	ion (month and	spe spe	nt in this upation		
12	PIDTURE ACT (situa			Md	Othar Contributary Causes of importanca:	
14	(State or country	or town) y)			artino Gelus	
2	13. NAME	Nation.	Vansant		Colling Jens	
FATHER	IA DIDTUDI ACE (a			Md	No. of the second secon	
FA	(State or con	ity or town) untry)	1		Name of operation Date of	
ER	15. MAIDEN NAME	Hanna	Lee		What test confirmed diagnosis? Was there an at	
MOTHER	16 BIRTHRI ACE (A)	ity or town)	Md		23. If death was dua to extarnal causes (VIOLENCE) fill In also the following: Accident, suicida, or homicide? Data of injury	
×	(Stata or co				Where did injury occur?	, 19
17	INFORMANT	Lorenza.	Vangant	,	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA)
17.	(Address)	Cumber	land. N	id	openity whether injuly occurred in INDUSTRY, IN NOME, OF IN PUBLIC PLA	CE.
18.	BURIAL, CREMATION			36 3074	Manner of injury	
	PlaceRQS	se Hill	Data NOV .	16.19,24	Nature of injury	
19.	UNDERTAKER(Address)	JOHN.C.V Cumbe	VOLFORD erland.	Md	24. Was disaase or injury in any way ralatad to occupation of deceasad?	
20.	FILED ZOU	15,19.34 A	arney A	Registrar.	(Signad) (Address) 7.1.3 Lo Co. Ch.	M. D.

10970

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	. PLACE OF DEATH	RPORATE LIMIT
	County County	Registration Dist. No.
	Village or City Office (If	No. St., Waldeath occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredmos.	How long in U.S. if of foreign birth? yrs. mos.
2	2. FULL NAME Infant Dach	unglow
	(a) Residence: No.	St., Ward.
_	(Usual place of abode)	If nonresident give city or town and State
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	A. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write-thie word)	21. DATE OF DEATH (Month) (Day) (Yest)
5a.	If married, widowed, or divorced HUSBANO of	
	(or) WIFE of	22. HEREBY CERTIFY. That I attended deceased fro
	Dell 14 1024	7,1907,10
_	DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than	I last saw h live on least stated above, at 176 m.
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	8. Trade, profession, or particular	were as follows:
0	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Continuon 2 nov.
UPATI	9. Industry or business In which work was done, as SIŁK MIŁŁ.	brand. 14
OCCU	SAW MILL, BANK, etc	Assigned burch - 193
5	10. Date deceased last worked at this occupation (month and year)	
	year) occupation occupation	Other Coatributory Causes of importence:
12.	BIRTHPLACE (city or town).	
×	Molling Mail to	
בונג	13. NAME P. Pellon Vashing lon	
LA	14. BIRTHPLACE (city or town) Classification (State or country)	Name of operation Date of
5	15. MAIOEN NAME A PROSPERSE AND ALLE	What test confirmed diagnosis? Was there an autopsy?
HER	P. C. L.	23. If death was due to external causes (VIOLENCE) fill in also the following:
2	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury Out., 19 8 9
	Malina Wall +	(Specify city or town, county and State)
17.	INFORMANT (Address)	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
8.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
~	Place 13, 13 4	Nature of injury. Company of Regularity
19.	UNDERTAKER SALAR COMPANY OF	24. Was disease or injury in any way related to occupation of deceased?
	(Addiess) furtherland mo	If so, specify
20.	FILED TO V 15, 193 Daniey No Registrar.	(Signed) / AB always M. (Address) - 3.3. Va
No.		2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

İ	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1.1923	Other contributory causes of importance:	1 year
11.492,1000	C. C. C. C. C. C. C. C. C. C. C. C. C. C	1 year
	1915 1921	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

1.	PLACE OF DEATH		WITHIN CORP	DRATE LIMITS 107-	./
	County Me	Harry	L	Registration Dist. No.	
	Village or City City	still		No. St., St., St., Gleath occurred in a horpital or institution, give its NAME instead of street and	
	Length of residence in city or	r town where dea	oth occurredyrsm	os	108
2.	FULL NAME	nras	(Werren	61.11	1
	(a) Residence: No.		(Usual place of abode)	St., Ward. Thursday In If nonresident give city or town and	State ,
	PERSONAL AND	STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.8	nile Wh	R RACE !	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov. A8 (Month) (Oay)	_, 193
5a. I	f merried, widowed, or divorcad HUSBAND of (or) WIFE of	· Sh	Mr.	22. 1 HEREBY CERTIFY, That i attended	deceesed fi
-	- Cara		1 1 1 1 1 1 1 1 1 1 1 1	1934, to nov. 4)	19.24
6. D.	ATE OF BIRTH (month, day, and	Months	Oays If LESS than	1 lest saw h_1,172 alive on	; death is s
·. u.	80	9	1 day,hr		Oste of on
TION	8. Trade, profession, or partice kind of work done, as S SAWYER, BODKKEEPER,	PINNER,	-armial.	-B-1-P	-
ATI	1 Industry or business in whi	ich	Kata Kanada Kanada da	- (John Cho: (seems our o	-11-19-1
CUPA	work was done, as SILK SAW MILL, BANK, etc	MILL,			
Ö	 Date deceased last worked this occupation (month a 	at and	11. Totel time (years) spent in this		
	year)	1	occupation	Other Coutributory Causes of importance:	
12. I	BIRTHPLACE (city or town) (State or country)	m	mand ()	<i>†</i>	
0:		V	21-	5	
	13. NAME		(mmer)	7	
FATH	14. BIRTHPLACE (city or town). (Slale or country)	·····/	Ummuy	Name of operation	-
HER	15. MAIDEN NAME	12 1	/	Whet test confirmed diegnosis? Climical Was there an 23. If death was due to external causes (VIOLENCE) fill in also the followin	
-		WA	14.40	Accidant, suicide, or homicida?	•
Ž	16. BIRTHPLACE (city or town) (Stete or country)		White I	Where did injury occur?	,
17.	NFORMANT MO Co. (Address)	w/hr	motivil	(Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PL	ACE.
18. E	BURIAL, CREMATION, OR REMO	OVAL	0	Menner of injury	
	Place It Frakses	(ym)	Date 707 30 , 193	Nature of injury	
19. 1	UNOERTAKER AND	Stein	2nd	24. Was disease or injury in any way related to occupation of deceased?	no
	(Audiess)	myer	and On	(Signed) Lathur t nhoule	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURFACI V.	· ·		J. U.
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

RGIN

OCCUPA

V. S. Mo.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
The state of the s					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER SI	IATEMENTS I	31 PHISICIA	N.	

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA 1. PLACE OF DEATH WITHIN CORPORATE LIN County Registration Dist. No. Village or City Com (If death occurred in a forpital or institution, give its NAME instead of street and number) W How long in U.S. if of foreign birth? vrs. statement CIAN SI RECORD. Ward (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) BINDING 5a. If merried, widowed, or divorced HUSBAND of FY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) properly 7. AGE Years Months Days If LESS than securred on the dete steted above, el stated FOR 1 dev ... hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or min. wertocas follows: Oate of onset 8. Trade, profession, or particular THIS OCCUPATION RESERVED kind of work done, es SPINNER SAWYER, BOOKKEEPER, elc. plnods may back Industry or business in which work wes done, es SILK MILL SAW MILL, BANK, etc 10. Date deceased lest worked et 11. Total time (yeers) this occupetion (month end spant in this that year) __ occupation instructions Other Contributory Causes of Importence: RGIN 12. BIRTHPLACE (city or town (Stets or country) terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town plain (Stete or country) What test confirmed diegnosis? MOTHER 15. MAIDEN NAME im portant 23. If death was due to external ceuses (WQLENCE) fill In elso the following: Accident, suicide, or homicide?______ Dete of Injury_______19__ 16. BIRTHPLACE (city or low OF DEATH (Stete or country) Where did injury occur? ___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. plnoy 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injur WRITE AUSE TION Neture of Injury 24. Was disease eniniury in any 19. UNDERTAKEI (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arleriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 109	.5
1. PLACE OF DEATH	(82:60)	
county allegany	Registration Dist. No.	
Village or City Almachoning	NoSt.,Steath occurred in a hospital or institution, give its NAME instead of street and number)	_Ward
Length of residence in city or town where seeth occurred 62 yrs		
2. FULL NAME Catherine	Avrds	
(a) Residence: No. Linaconiva	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Frencale Offrite On arriethe word)	november 4 1934	
5a. If married, widewed, or divorced		eer)
(or) WIFE of Persence of Monda	22. I HEREBY CERTIFY, Thet I ettended dacaese	d from
6. DATE OF BIRTH (month, day, end yeer) Jane 17, 1868	l last sew h & - elive on nov. 3 1 1934 : deeth	is seid
7. AGE Years Months Deys If LESS then	to have occurred on the dete steted above, at 2.30 P. m.	
66 4 17 1 day,hrs.	The fall was a fallenged of DEATH and Folded Goods of Importance	fonset
8. Trede, profession, or perticuler kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	arterio sclerosci	1-3/
9. Industry or business in which	1	
work wes done, as SILK MILL, SAW MILL, BANK, etc	-	
	0	
year) defel, 1 occupetion Duffer	Other Contributory Causes of Importance:	.2. 26
12. BIRTHPLACE (city or town) July and	Cerebral apopleky With	30.37
13. NAME Andrew Gillepie	-	
13. NAME (MICHAELE (city or town).	Name of operation	
(State of country)	What test confirmed diagnosis? Wes thara en eutopsy?	
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was due to external ceuses (VIOLENCE) fill in eiso the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	1
Of all and of Observed al	Where did injury occur? (Specify city or town, county and Siate) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT AND AND MACHINER UNICE	A	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place St. MMA LINUM Date 10 5 6 7, 19-24	Neture of injury	
19. UNDERTAKER OLOMBON MAN	24. Was disease or injury In any wey releted to occupetion of deceased?	
(Address) Caracolina MA	(Signad) M. M. Corrusalt	M. D
20. FILED Registrar.	(Address) midland maryland	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related ca of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
58 LESS	ALIVES.			
Other contributory causes of importance:	manus per a salata a til protesta a managa de antigamente a característico de la protesta de antigamente de antigamente de an	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		i i		

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
-------------------------	------------------	----	-----------